



STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

Department of Children and Families
Sexually Violent Predator Program
Multidisciplinary Team
1317 Winewood Boulevard
Building 6, Room 220
Tallahassee, Florida 32399-0700

Attention: Mental Health Multidisciplinary Team

Dear Sirs/Madams:

Pursuant to s.394.910 - 394.931, Florida Statutes, the Department of Juvenile Justice is notifying the Department of Children and Families' Multidisciplinary Team of the anticipated release of

_____, DJJID _____ Referral ID _____
from _____ on _____

The following information is provided pursuant to law:

Offender's Name: _____
Date of Birth: _____ Current Age: _____
Age at Anticipated Release: _____

Age at which the juvenile court relinquishes jurisdiction [] 19th Birthday or [] 21st Birthday.

Race/Ethnicity: _____
Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____

Physical Disabilities: _____

Anticipated Future Residence: _____

Anticipated to Reside With: _____

Aftercare Supervision Status: _____

Offense History: See Attached Juvenile Justice Information System Face Sheet

ATTACHMENTS:

- Jimmy Ryce Residential Program Notification Checklist
- Jimmy Ryce Act Screening Instrument
- A copy of the delinquency adjudication order for all qualifying sex offense(s)
- A copy of the charging instrument for all qualifying sex offense(s)
- A copy of the law enforcement crime report for the qualifying sex offense(s) and any available victim statements
- Performance Plan
- Performance Summary
- Summary of Institutional Adjustment
- Expanded JJIS Face Sheet
- Aftercare/Transition Plan
- Any Psychological/Psychiatric Reports
- Physical Health Summary
- A copy of the most recent PDR
- And copies of the PDR(s) that cover the qualifying sex offense(s).

Should the Multidisciplinary Team require additional information, please contact

_____ at _____

(JPO/Case Manager Signature and Title)

cc: (State Attorney in the Circuit in which the offense occurred)