



**STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
PRE-POST DISPOSITION REPORT**

**DJJID:** \_\_\_\_\_

<b>Circuit:</b> _____	<b>Report Date:</b> _____
<b>Juvenile's Name:</b> _____	<b>DOB:</b> _____ <b>Age:</b> _____
<b>Parent(s)/Guardian(s):</b> _____	
<b>Address:</b> _____	
<b>City/State/Zip:</b> _____	<b>Disposition Hearing Date:</b> _____
<b>Telephone:</b> _____	
<b>JPO/Case Manager:</b> _____	<b>Unit Title:</b> _____
<b>JPO/Case Manager Telephone:</b> _____	

**Special Alerts:**

**Current Placements:**

Description	Begin Date	County	Program	Begin Date
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**Charges and Violations:**

Court Docket Number	Offense	ReferralID	Disposition Date
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**School and/or Employment:**

Youth's Current School	Youth's Current Employer
School: _____	Employer: _____
Address: _____	
City/State/Zip: _____	
Grade: _____	

**Physical, Psychological, Substance Abuse, and Psychiatric:**

**Attachment(s):**     Comprehensive evaluation                       Psychological evaluation                       Psychiatric evaluation  
                               Comprehensive Assessment (SAMH-3)                       Other:

**Level of Risk to Re-offend:** \_\_\_\_\_

**ACE Score:** \_\_\_\_\_

## Supervision/Placement Adjustment:

### Recommendation:

Serious offender eligibility, if the youth is adjudicated:  SHO  Maximum-risk  IRT

Alternative Sanctions

Probation  DJJ-Supervised  Other:

Commitment:  Min  Non-Secure  High  Max

*The Department's estimated cost for the placement and services being recommended in this Pre-Disposition Report is \$. Pursuant to Florida Statute, the Court may order the parents/guardians (or the youth, in some cases) to pay a nominal portion of this cost, not to exceed \$1 per day for probation supervision or home detention, or \$5 per day for residential commitment or secure detention.*

### Intervention Plan:

**Public Safety:**

**Accountability:**

**Competency Development:**

NEED FOR DNA TESTING BASED ON OFFENSE TYPE

COST-OF-CARE AND RELATED FEES HAVE BEEN DISCUSSED WITH YOUTH AND PARENT/GUARDIAN. IF APPLICABLE, A FINANCIAL AFFIDAVIT IS

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JPO/Case Manager

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Signature

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Date

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JPO/Case Manager Supervisor

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Signature

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Date