



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE PROGRESS REPORT FORM

DATE: _____		DATE OF BIRTH: _____	AGE: _____
JUVENILE'S NAME: _____		REFERRAL ID #: _____	
SSN: _____	DJJID: _____	Secondary Referral: _____	
COURT DOCKET #: _____			
STATUS:	PROBATION <input type="checkbox"/>	JUDICIAL PLAN <input type="checkbox"/>	CONDITIONAL RELEASE <input type="checkbox"/>
	FURLOUGH <input type="checkbox"/>	OTHER (SPECIFY) _____	
JPO/CASE MANAGER: _____		UNIT NUMBER: _____	
TYPE OF PROGRESS REPORT:	JUDICIAL REVIEW <input type="checkbox"/>	TERMINATION <input type="checkbox"/>	JURISDICTION TRANSFER <input type="checkbox"/>

A. LEGAL INFORMATION (NARRATIVE):

B. SUMMARY (NARRATIVE):

C. RECOMMENDATION:

\_\_\_\_\_  
JPO/Case Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
JPO Supervisor/Case Manager Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date