

Florida Department of Juvenile Justice

Rule 63E REQUEST FOR TRANSFER

Program Requesting Transfer	Date of Request
Address	Phone
Program Case Manager	
Supervisor Approving Request	
Youth	DJJ ID #
Date of Admission	Home County
Date of Commitment	Home Circuit
Committing Offense/s	
Current Location **************************** <u>If In Secure Detention</u> ****** Date Detained	Date of Detention Hearing
Committing Judge	Phone
Address	Fax
Defense Attorney	Phone
Address	
	Fax
State Attorney	Phone
Address	
	Fax
Transfer Request	
Submitted to	Date
Date of Staffing / Time	Place
Are there any new charges pending? Yes List Charges No Next Scheduled Hearing Date & Time Is the offender pending disposition? Yes No	
The Program recommends this Offender be transferred to aHigh	ModerateLow Risk Facility

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Specific Violations Leading to the Transfer

List specific violations the offender has committed to warrant a Transfer to another program. Include the who, what, MUST include a <u>Current</u> Face Sheet, Commitment Order/s, and any information supporting this Request. Attach add	, where, when and how for each violation. Attachments litional pages if needed.
Signature of Person Completing Request	Date
Supervisor Authorizing Request	Date

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Specific Reasons for Transfer Request [Specific violations must include the who, what, when where and how the offender violated each program rule.] Youth Signature ___ Date_ Signing this document does not admit or deny alleged violations but only acknowledges a review of the form prior to a transfer staffing and receipt of a copy. **Transfer Request Denied Lateral Transfer Request Approved** Transfer Request for a restrictiveness level other than a level ordered by the court must be approved by the court

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Date _____

Transfer Administrator ____