

## CONDITIONAL RELEASE PLACEMENT EXCEPTION REQUEST

Community Supervision Standard 04-131 requires an exception be approved by the residing JCF Program Director for any youth releasing from a Juvenile Correctional Facility on Conditional Release to be placed in a residential placement. This form should be completed and sent via email to the residing JCF Program Director 45 days prior to the youth's release (when applicable). The Program Director will reply within five (5) business days of receipt of this request.

Youth Name:

Age:

Judicial District:

Permanency Goal:

Projected JCF Release Date:

YLS Risk Level:

Exception Justification: (check all that apply) (documentation for each exception must be included upon submission for any exception)

\_\_\_\_\_ The youth's victims reside in the parent/family/guardian(s) home and there is a documented therapeutic reason (from the Court, therapist, victim services, DCF) to not allow contact, or a no-contact order is in place.

\_\_\_\_\_ The youth's parent/family/guardian placement options have been explored and are exhausted. (May be due to age, disability, refusal, etc.)

\_\_\_\_\_ The youth's parent/family/guardian(s) are unavailable (death, deportation, incarceration, whereabouts unknown, rights terminated).

\_\_\_\_\_ The youth's parent/family/guardian have an active (pending disposition) DCF investigation.

\_\_\_\_\_ The youth's parent/family/guardian(s) has criminal activity concerns that are documented by law enforcement within the last thirty (30) days.

\_\_\_\_\_ The youth has an established educational opportunity that requires residential placement.

\_\_\_\_\_ Other (please specify in the narrative section below)

\*Indicates the request will not be available within the 45 days submission criteria and should be submitted as soon as screen are complete.

\_\_\_\_\_ \*Youth has an approved PRTF admission screen.

\_\_\_\_\_ \*Youth has an approved in-patient drug/alcohol screen.

Additional narrative justifying placement exception request:

**By signing below, I acknowledge that it is in the best interest of the youth referenced above to be placed in a residential placement following his/her discharge from the juvenile Correctional Facility.**

\_\_\_\_\_  
Supervision Officer Name                      Supervision Officer Signature                      Date

\_\_\_\_\_  
Supervision Supervisor Name                      Supervision Supervisor Signature                      Date

---

\_\_\_\_\_  
JCF Program Director (or designee) Name                      JCF Program Director (or designee) Signature                      Date

\_\_\_\_\_: Approved                      \_\_\_\_\_: Denied

Additional narrative justifying why an exception was denied.

---

The below is for the appeal process only.

Additional narrative justifying why an appeal is being requested.

\_\_\_\_\_  
Central Office (or designee) Name                      Central Office (or designee) Signature                      Date

\_\_\_\_\_: Approved                      \_\_\_\_\_: Denied