Notice of Recommendation for Immediate Intervention

Name of Youth: _____ Date of Birth: _____

Date of Intake at JIAS: _____ Local IIP Number: _____

Permanent Address of Youth: _____

Alleged Offense(s): _____

_____

Date of Alleged Offense: _____ County Alleged Offense Occurred in: _____

County/District Attorney: _____ Date of Recommendation: _____

Name of Parent/Guardian:_____

Address:_____

Phone number:_____

Name of Parent/Guardian:_____

Address:_____

Phone number:_____

Additional Comments:_____

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Distribution: Original – JIAS, Copy - Immediate Intervention Director