

**JUVENILE JUSTICE PROGRAMS OFFICE
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

MONTHLY JUVENILE SUMMARY - MUNICIPAL LOCKED FACILITY

1. FACILITY NAME AND ADDRESS:				2. REPORT MONTH/YEAR		
3. INITIALS OR CASE NO.	4. DATE OF BIRTH	5. SEX (M/F)	6. RACE	7. MOST SERIOUS OFFENSE	8. DATE AND TIME LOCKED	9. DATE AND TIME RELEASED
PERSON COMPLETING REPORT				TITLE		TELEPHONE
SIGNATURE					DATE	

By authority of the federal Juvenile Justice and Delinquency Prevention Act of 1974, as amended, the Michigan Department of Health and Human Services must provide the U.S. Department of Justice with these statistics.