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.