MONTHLY JUVENILE SUMMARY — COUNTY JAIL

FACILITY NAME AND ADDRESS:	**PERSON COMPLETING REPORT:**
	DATE:
REPORTING PERIOD (MONTH/YEAR):	**PHONE:**

Initials or Case #	Date of Birth	Sex	Race	Most Serious Offense Charged	If waived, Date and Time of Waiver	Designated Proceeding (Y/N)	Date Locked	Time Locked	Date Released	Time Released	Adjudicated (Y/N)

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.