

JUVENILE JUSTICE PROGRAMS OFFICE  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

**MONTHLY JUVENILE SUMMARY - COUNTY JAIL  
INSTRUCTIONS**

This log should include entries for all juveniles detained or confined in any room or area of the facility that can be secured, **whether or not the area is secured at the time**. Do not furnish information on juveniles held in areas of the facility that cannot be locked and do not include cuffing rings/rails or other similar construction features, as well as juveniles who only temporarily pass through secure areas (e.g., those who enter the secure area only for finger printing or photographing and then immediately exit). If no juveniles have been detained during the reporting month, then enter the information on the top portion of the form to identify your agency, and enter "0" in the log area.

The following are examples of situations in which a juvenile would be considered detained or confined in a secure facility, and therefore subject to reporting requirements:

- A juvenile placed in an unlocked room, but within the secure perimeter of a jail or lockup.
- A juvenile placed in a cell within an adult jail or lockup, whether or not the cell door is locked.
- A juvenile placed in an interview room with a door that can be locked from the outside, *whether or not the door is locked*.
- A juvenile placed in a room that includes a cuffing ring/rail, *whether or not the juvenile is physically secured to the cuffing ring/rail*.

Please submit a copy of your completed form via one of the following options:

1. Fax completed form to (517) 485-4488, attention: Monthly Juvenile Summary.
2. E-mail completed form to [juvenilereports@publicpolicy.com](mailto:juvenilereports@publicpolicy.com).
3. Mail completed form to Robb Burroughs, Public Policy Associates, Inc., 119 Pere Marquette, Suite 1C, Lansing, MI 48912-1270

**Facility Name and Address.** Enter the name and complete address of the reporting facility.

**Reporting Period (Month/Year).** Enter the month(s) and year for which data are being reported.

**Initials or Case No.** Identify the juvenile by either initials or case number.

**Date of Birth.** Enter the juvenile's date of birth in numeric M/D/YY format, e.g., 06/12/89.

**Sex.** Enter either "M" or "F" to reflect gender.

**Race.** Use the appropriate alphabetic code as specified: A – Asian, B – Black, H – Hispanic, N - Native American, W – White, O - Other

**Most Serious Offense Charged.** List the most serious offense with which the juvenile is being charged, e.g., armed robbery. *If the juvenile is charged with violating probation, then the original charge should also be listed, if available.*

**If Waived, Date and Time of Waiver.** If the juvenile has been waived, then enter the date and time of the waiver. If the juvenile was waived prior to being locked in the facility, and the date or time of the waiver hearing is not known, then enter "Prior to jailing".

**Designated Proceeding (Y/N).** At the time of admission, if the juvenile's case has been designated for a criminal trial in family division, enter "Y" (yes). Otherwise, enter "N" (no). (This status will not apply to a juvenile who has been waived to adult court.)

**Date and Time In.** Enter the date and time the juvenile is placed in an area that can be used for secure confinement.

**Date and Time Released.** Enter the date and time the juvenile is released from an area that can be used for secure confinement.

**Adjudicated.** As to the charge that resulted in the jailing, if the juvenile was adjudicated prior to entering the locked area, enter "Y" (yes). Otherwise, enter "N" (no). (The juvenile is adjudicated if charges are no longer pending on the offense for which the juvenile was jailed.)

**Person Completing Report, Date, Phone.** Enter the name, title, and phone number of the person completing the report and the date the report was completed.

Thank you!

**MONTHLY JUVENILE SUMMARY — COUNTY JAIL**

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|-----------------------------------|----------------------------------|
| <b>FACILITY NAME AND ADDRESS:</b> | <b>PERSON COMPLETING REPORT:</b> |
|                                   | <b>DATE:</b>                     |

|                                       |               |
|---------------------------------------|---------------|
| <b>REPORTING PERIOD (MONTH/YEAR):</b> | <b>PHONE:</b> |
|---------------------------------------|---------------|

| 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) |
|--------------------|---------------|-----|------|------------------------------|------------------------------------|-----------------------------|-------------|-------------|---------------|---------------|-------------------|
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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.