

OFFICER RELEASE TO SEDGWICK COUNTY JUVENILE INTAKE & ASSESSMENT CENTER

_____ was detained by _____
Juvenile's Full Name Juvenile's DOB Age Law Enforcement Agency

as an alleged _____ under case number _____ for the following reason:
Youth Status (JO/SO/NO) Case Number

_____ Misd. / Felony] _____ NP / P] D / ND]
Description of Most Serious Offense or Reason Level/Class

Upon entry to the JIAC facility, does the juvenile have any of the following:	NO	YES
Physical injury that appears to need immediate medical care?		
Signs of acute illness that appear to need immediate medical care?		
Signs of intoxication with significant impairment in functioning?		
Has taken medications, illicit drugs, and/or substances that pose a significant and immediate health risk?		
Warning signs/symptoms for suicide that appear to need immediate medical/psychiatric care?		
Has been tased during or subsequent to the arrest?		
Has been placed in a temporary restraining device (e.g., a "WRAP") during or subsequent to the arrest?		
If any of the above are marked "YES" a medical release or a completed Medical/QMHP Form (8.804.2) is required before the juvenile can be accepted at JIAC		
Was a medical release obtained for this juvenile?		

As a representative of the above named law enforcement agency, I attest that the information above is true and correct. I release this juvenile into the physical custody of the Juvenile Intake and Assessment Center for the 18th Judicial District. Any further decisions regarding this juvenile shall be made by JIAC staff. Release to a shelter, detention, or attendant care facility shall be entirely at their discretion in accordance with directives of the 18th Judicial District, and such action shall have the same force and effect as if the above named law enforcement agency were to make placement.

Officer Name and Signature Youth Intake Date/Time Intake Worker

Client ID #	JIAC #