

SacJoaquin Valley/Foothills Inter-County Transfer Protocol PROBATION COVER SHEET

To: Receiving County (Probation Department and Address)	From: Sending County (Probation Officer name, address, telephone number and email address)	
Minor's Name:	Minor's Date of Birth:	Sending Court Number:

The above-entitled matter was recently ordered transferred to your jurisdiction by the Juvenile Court on (date). In accordance with the Protocol, our Juvenile Court has forwarded two copies of the court file to your Juvenile Court. As a courtesy to your department, the following related information and documents are attached for your review¹:

If Transferred for Disposition:	If Transferred for Supervision
<i>(Records concerning the pending, pre-dispo petition)</i> <input type="checkbox"/> The court petition <input type="checkbox"/> All minute orders <input type="checkbox"/> Law enforcement reports <input type="checkbox"/> Probation intake and social study reports <input type="checkbox"/> Psychiatric/psychological evaluations <input type="checkbox"/> For violation of probation matters, all probation officer adjustment summaries <input type="checkbox"/> Case plans <input type="checkbox"/> Maximum confinement time <input type="checkbox"/> Total custody credits <input type="checkbox"/> Other:	<i>(Records concerning all <u>prior</u> adjudicated matters)</i> <input type="checkbox"/> Chronological delinquency history (an abbreviated rap sheet listing prior offense) <input type="checkbox"/> Petitions and violation of probation motions <input type="checkbox"/> Social study reports <input type="checkbox"/> Case plans <input type="checkbox"/> Six-month review reports <input type="checkbox"/> Jurisdictional minute orders <input type="checkbox"/> Dispositional minute orders, <input type="checkbox"/> Restitution reports and restitution minute orders <input type="checkbox"/> Psychiatric/psychological evaluations <input type="checkbox"/> Other:

1. The minor is a:

- Non-ward:**
 - with no dispo
 - on 654.2
 - on 725(a)
 - on DEJ

- Ward:**
 - with new dispo pending
 - for supervision only

¹ To insert additional lines to any of the above tables, you must “unprotect the document.” To do so, select Tools from the toolbar, then click on, “unprotect the document.”

2. The minor is:

- In the care of the parent(s)/legal guardian
- In the care and custody of a group home/foster home/relative/non-relative caregiver
- In-custody
- Other:

3. The Minor's address and telephone number:

Address: _____ Home Telephone No.: _____
 Address: _____ Work Telephone No.: _____
 City/State/Zip Code: _____ Cell Phone No.: _____

4. For Transferred Cases for Disposition:

A. Current petition filed on:

Sustained offense(s): _____

Petition sustained on: _____ by: trial admission

B. Confinement Time

Maximum confinement time on pending petition: _____

Previous confinement time: _____

Total Confinement Time _____

C. Custody Credits

On pending petition: _____

On prior petition(s) _____

Total Custody Credits _____

D. Victim Restitution

Victim response received: Yes No

Co-responsible(s) names: _____

5. For Supervision Cases:

A. Financial Orders:

<i>Type</i>	<i>Date of Order</i>	<i>Joint and Several Liability Parents</i>	<i>Joint and Several Liability Co-responsible(s)</i>
Restitution		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restitution Fine		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Other Fines		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

B. Probation Terms and Conditions (not yet completed):

<i>Condition</i>	<i>Term</i>	<i>Start</i>	<i>Not Started</i>
<input type="checkbox"/> Alcohol/Drug Abuse Counseling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anger Management Counseling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Community Service (hours ordered)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drug Testing		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DUI Class		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Counseling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Starter Counseling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life Skills		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Probation Work Project (days ordered)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Theft Education Counseling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Victim Offender Counseling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No association (accomplices) orders:			
<input type="checkbox"/> No contact order in effect--list victim(s):			

6. Co- responsible(s) also being transferred to your county: _____

7. The date the latest case plan was reviewed by parents: _____.