New River Valley Juvenile Detention Home

Post-Dispositional Program Referral

Please complete and return prior to juvenile’s court date.

Fax to: 540-382-1667 or e-mail to: [amber.whitlock@nrvjdh.org](mailto:amber.whitlock@nrvjdh.org)

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| --- | --- | --- | --- | --- | --- |
| Juvenile’s Full Name: |  |  |  | DOB: |  |
|  | *Last* | *First* | *Middle* |  |  |

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| --- | --- | --- | --- | --- | --- |
| ICN : |  | JTS# : |  | DJJ Risk Assessment: |  |

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| --- | --- | --- | --- | --- | --- |
| Address: |  |  |  | VA |  |
|  | *Street* | *Apt./ Unit #* | *City* | *State* | *Zip* |

Parent / Guardian Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mother’s Name: |  | | | | |
|  |  | | | | |
| Address: |  | | | | |
|  |  | | | | |
| Home Phone: |  |  | Work/Cell: |  |  |
|  |  |  |  |  |  |
| Father’s Name: |  | | | | |
|  |  | | | | |
| Address: |  | | | | |
|  |  | | | | |
| Home Phone: |  |  | Work/Cell: |  |  |
|  |  |  |  |  |  |
| Guardian’s Name: |  | | | | |
|  |  | | | | |
| Address: |  | | | | |
|  |  | | | | |
| Home Phone: |  |  | Work/Cell: |  |  |

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| Court Involvement |

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| Probation Officer: |  | | |  | Phone: |  |  | | | |  |
|  |  |  |  | |  |  |  | | | |  |
| Presenting Charges: |  | | | | | | | | | | |
|  |  |  |  | |  |  |  | | | |  |
| Presiding Judge: |  |  | | | Next Court Date: | | |  | | | |
|  |  | *Circuit / Other* | | |  |  |  | | | |  |
| Type of Hearing: |  | |  | | Proposed sentence to begin on: | | | | |  | |
|  | | |  | |  | | | | |  | |
| Is the juvenile eligible for commitment to DJJ? | | | Yes  No | | Is the juvenile already on a suspended commitment? | | | | | Yes  No | |
| Please list any additional pending charges and/or court dates: | | | | |  | | | | | | |
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| Has the juvenile ever been committed to DJJ? | | | Yes  No | | If yes, date released: | | | |  | | |
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| Code Criteria  If responses to questions **1-4** below are “yes”,  the juvenile is ineligible for the Post-Dispositional Program pursuant to §16.1-284.1 COV. |

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| ***YES*** | ***NO*** |
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Is the juvenile being sentenced under the §16.1-284.1 COV?

1. Will the juvenile be under age 14 or over age 17 at the time of program entry?

2. Has the juvenile been released from the custody of DJJ within the past 18 months?

3. Has the juvenile been adjudicated delinquent or found guilty of one of the following violent

juvenile felonies?

* Capital murder in violation of §18.2-31
* First or second degree murder in violation of §18.2-32
* Lynching in violation of §18.2-40
* Aggravated malicious wounding in violation of §18.2-51.2
* Felonious injury by mob in violation of §18.2-41
* Abduction in violation of §18.2-48
* Malicious wounding in violation of §18.2-51
* Malicious wounding of a law enforcement officer in violation of §18.2-51.1
* Felonious poisoning in violation of §18.2-54.1
* Adulteration of products in violation of §18.2-54.2
* Robbery in violation of §18.2-58
* Carjacking in violation of §18.2-58.1
* Rape in violation of §18.2-61
* Forcible sodomy in violation of §18.2-67.1
* Object sexual penetration in violation of §18.2-67.2
* Manufacturing, selling, giving, distributing, or possessing with intent to manufacture, sell, give, or distribute a **controlled substance or an imitation controlled substance** in violation of § [18.2-248](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-248) if the juvenile has been previously adjudicated delinquent on two or more occasions of violating § [18.2-248](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-248) provided the adjudications occurred after the juvenile was at least 14 years of age

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* Manufacturing, selling, giving, distributing, or possessing with intent to manufacture, sell, give, or distribute **methamphetamine** in violation of § [18.2-248.03](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-248.03) if the juvenile has been previously adjudicated delinquent on two or more occasions of violating § [18.2-248.03](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-248.03) provided the adjudications occurred after the juvenile was at least 14 years of age

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* Felonious manufacturing, selling, giving, distributing, or possessing with intent to manufacture, sell, give, or distribute **anabolic steroids** in violation of § [18.2-248.5](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-248.5) if the juvenile has been previously adjudicated delinquent on two or more occasions of violating § [18.2-248.5](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-248.5) provided the adjudications occurred after the juvenile was at least 14 years of age

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4. Would a placement other than secure post-dispositional confinement serve the best interest of

the juvenile?

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| (If responses to below questions are “no”, the juvenile is ineligible for the Post-Dispositional Program pursuant to §16.1-284.1 COV.) |

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| ***YES*** | ***NO*** |
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5. Has the juvenile committed an offense which if committed by an adult would be punishable by

confinement?

6. Do the interests of the juvenile and the community require secure custody for services?

7. Is this placement for the purpose of rehabilitation?

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| Other Criteria for Consideration |

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| ***YES*** | ***NO*** |
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8. Are the parent(s)/guardian(s) supportive of the juvenile being posted and willing to cooperate?

9. Does the child require any special educational needs above that which NRVJDH can provide?

10. Is the juvenile able to cognitively understand the program and the expectations?

11. Does the juvenile pose any significant risk to staff or other residents in the program?

12. Does the juvenile pose any significant flight risk?

13. Is the goal for the juvenile to return home following release?

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| Education | | | | | |
|  |  |  | | ***YES*** | ***NO*** |
| Last School Juvenile Attended: |  | Currently Enrolled: | |  |  |
| Last Grade Completed: |  | Educational Tract: |  | | |
| Future Educational Plans: |  | | | | |
|  |  | | | | |
| Medical | | | | | |

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| List all current medical issues including recent hospitalizations: | |  |
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| Current Medications: |  | |

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| Treatment Planning |

Please list prior treatment services and note whether the juvenile completed successfully or unsuccessfully (in-home counseling, substance abuse treatment, anger management, group home placement, etc.):

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| Please list current service providers ( outpatient therapist, psychiatrist/medication management, substance abuse | |
| counselor, etc.): |  |
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| Why was other treatment deemed inappropriate? | |
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**Specific Services Needed:**

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| --- | --- | --- | --- |
| Anger Management | GED | Medication Management | |
| Empathy Enhancement | Independent Living Skills | Substance Abuse Treatment | |
| Employment | Individual Therapy | Other |  |
| Family Counseling | Medication Evaluation | Other |  |

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| Outstanding community service hours: |  |
| Outstanding restitution/court costs/fines: |  |

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| Additional Documents Required for the Post-Dispositional Program |

* Most recent social history
  + If social history is over one year old, please include a social history addendum.
* Psychological and/or Psychiatric Evaluations
* Most recent rules of probation
* Any other pertinent information

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| **For Office Use Only:** | |  | | | | | | |  |
| Date Referral Received: | | |  | | Received by: |  | | |  |
| Additional Information Needed: | | | |  | | | | |  |
|  | |  | | | | | | |  |
| Reviewed by: |  | | | | | | Date: |  |  |
|  | |  | | | | | | |  |