IN-HOME DETENTION
REFERRAL FORM

□ **VOICE VERIFICATION** □ **ELECTRONIC MONITORING**
□ **CELL UNIT ELECTRONIC MONITORING** □ **GPS**

□Boone County □Callaway County

Date In-Home Detention Ordered: _____ Date hooked up on IHD: _____

Case Number: _____ Deputy Juvenile Officer: _____

Juvenile: _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Juvenile resides with: _____

Pets in the home: _____

Mothers Name: _____

Address: _____

Mother's workplace and phone number: _____

Father's Name: _____

Address: _____

Home phone #: _____Cell Phone #:_____

Father's workplace and phone number: _____

Referring Offense: _____

Name of school juvenile currently attends: _____

Is juvenile currently employed: ☐ YES ☐ NO

Juvenile's place of employment: _____

Work schedule: _____

DESCRIPTION OF JUVENILE:
Juvenile's weight/height: _____

Hair color: _____

Scars, marks, tattoos: _____

Directions to the juvenile's residence: Include any information to help identify the house. Advise the juvenile that the trackers have instructions not to go into any home. The juvenile is expected to come to the door in person and clothed. If the juvenile does not personally come to the door, he/she will be marked absent.

_____

_____

_____

_____

☐ Detained while on IHD
☐ Released from IHD