

SCHOOL NOTIFICATION OF JUVENILE WITH SEXUALLY OFFENDING BEHAVIOR

Date of Notification: _____

FROM:

Reporting Party Name: Roberta Espinosa
Agency: SELECT ONE
Phone No.: _____
Email: _____

TO:

School Contact: SELECT ONE
Phone No: SELECT ONE
Email: SELECT ONE

Student Name: _____ **Date of Birth:** _____
Parent Name: _____ **Phone No.:** _____

Enrollment Status: _____
Current School: _____ **Grade:** _____
Last School Attended: _____

Department of Human Services Involvement:* Yes No Unknown
Caseworker Name: _____ Phone No: _____
Status of case: _____

Police / Court Involvement: Yes No Unknown
Municipality / County: _____
Is the case still under investigation? Yes No Unknown
Have charges been filed? Yes No Unknown Case No.: _____
Status of criminal case: _____

Alleged Victim Information:
Age/Gender: _____
Attending same school? Yes No Unknown
Relationship to juvenile: _____
Are there mandatory protection orders in place? Yes No Unknown
*What are the protection orders? _____

Containment Issues: _____

Professionals Involved:
Name / Agency: _____ Phone No.: _____
Name / Agency: _____ Phone No.: _____
Name / Agency: _____ Phone No.: _____

Notification of Termination of Probation (Date terminated: _____)
 Successful Termination Unsuccessful Termination

Notes: