



Division of Criminal Justice - Office of Adult & Juvenile Justice Assistance

Law Enforcement Secure, Non-holding Facility - Certification Form

The Division of Criminal Justice (DCJ) requests you to complete this form to ensure proper classification of this law enforcement facility for the purpose of compliance monitoring under the Juvenile Justice and Delinquency Prevention Act of 2002,. If your agency operates more than one facility, please complete a separate form for each applicable facility. Please submit your completed form to cdps_dcj_oajjacompliance@state.co.us.

Law Enforcement Agency _____ County _____

Contact Person and Title _____

Contact Phone _____ Contact E-Mail Address _____

Facility Name _____

Facility Address _____

Check all applicable responses below in order for DCJ to determine the appropriate classification of the facility listed above.

Within this facility, there are no:

- holding cells used for juvenile confinement,
- locked interview offices/rooms used to detain juveniles, and
- cuffing benches or rings, or other stationary objects used for juvenile cuffing purposes.

Or, within this facility, there are (*select below*) but they are NEVER used to detain or confine juveniles for any reason.

- adult holding cells used only to detain and confine adults,
- locked interview office/room used only to detain adults, and/or
- cuffing benches or rings, or other stationary objects used only for cuffing purposes.

Our agency has policies and procedures that clearly state that juveniles will NEVER be securely detained/confined at this facility. Please submit copies of these policies and procedures when you return this form.

True False

Our agency has a written description or diagram of where juveniles are taken once they enter this facility. Please submit a copy of this information when you return this form.

True False

Our agency NEVER securely detains or confines juveniles within the facility listed above.

True False

CERTIFICATION: This form must be signed by the Chief of Police, Sheriff, or appropriate authority, and in signing the form, this person is certifying the accuracy of the information provided above. If any of this information changes, please contact the DCJ Compliance Monitor (Mona Barnes at monal.barnes@state.co.us) immediately to review the status of this facility’s classification.

Signing Authority’s Name

Signing Authority’s Title

Date