Print Form

NEW YORK STATE RECORD OF JUVENILE DETENTION IN ADULT LOCK-UPS

(PERSON UNDER THE AGE OF 16)

The following information must be submitted to the New York State Commission of Correction whenever a Juvenile has been detained in an adult lockup.

Name of Reporting Facility: _____ Date of Report: _____

Facility ORI # _____

Name of Juvenile: _____ Date of Birth: _____

Did juvenile give a false DOB? Yes ☐ No ☐ If so indicate the false DOB: _____

Gender: ☐ Male ☐ Female

Race and Ethnicity:

☐ White (Non-Hispanic)

☐ Asian (Non-Hispanic)

☐ American Indian or Alaska Native (Non-Hispanic)

☐ Hispanic or Latino

☐ Black or African American (Non-Hispanic)

☐ Native Hawaiian or other Pacific Islander (non-Hispanic)

Crime Charged/Reason for Detention:

_____

Was juvenile separated from adult (age 16 or over) detainees? ☐ Yes ☐ No

If NOT please note where the juvenile was when they were not separated (e.g. Booking Area, Cell Block):

_____

Date & time juvenile entered the Lock-up: _____

Date & time juvenile was removed from Lock-up:

Was juvenile transferred from another location or agency (e.g. Police Dept/Jail)?

☐ Yes ☐ No If yes, which agency?

Was juvenile transferred to another agency (e.g. Police Dept/Jail/ Probation)?

☐ Yes ☐ No If yes, which agency?

Form submitted by: Name: Title:

Area code and phone number: Date: _____

Mail form to:

NYS Commission of Correction
AE Smith Building, 12th Floor
80 South Swan Street, Albany, NY 12210

OR

Fax the form to:

(518) 485-2467

If you have any questions, please call (518) 485-2485

12/2012