

PUBLIC DEFENDER JUVENILE CASE REPORT

NAME OF JUVENILE _____ Date of Birth _____

Sex: M/F Docket No. _____ Judge _____

Your Name _____ State's Attorney _____

Guardian Ad Litem _____ DCF Caseworker _____

Date of Original Hearing _____ Date of Disposition _____

Client's Name (if not juvenile) _____ who is:
___ Mother ___ Father ___ Other _____

Petition Date: _____

JUVENILE ALLEGED TO BE:

___ Delinquent--33 V.S.A. Section 5102(10) (circle one)

Offense: _____ Title: _____ Section: _____ Fel Misd Other
Offense: _____ Title: _____ Section: _____ Fel Misd Other
Offense: _____ Title: _____ Section: _____ Fel Misd Other
Offense: _____ Title: _____ Section: _____ Fel Misd Other

___ Abandoned or Abused--33 V.S.A. Sec. 5102(3)(A)
___ Neglected--33 V.S.A. Sec. 5102(3)(B)
___ Without or Beyond Parent's Control--33 V.S.A. Sec. 5102(3)(C)

POST DISPOSITION PROCEEDINGS (Date of Hearing: _____)

___ TPR
___ Permanency Plan Hearing--33 V.S.A. Sec. 5321 or 5258(del)
___ Modification of Orders Hearing. (NOTE: only when DCF custody is vacated
or protective supervision is vacated.)

DISPOSITION

___ Dismissed by State _____ Custody of DCF - Placement:
___ Dismissed by Court _____
___ Diversion _____ Continued DCF Custody
___ Protective Supervision _____ DCF Custody Vacated
___ Probation _____ Protective Supervision Vacated
___ Community Service _____ Termination of Parental Rights
___ Woodside Treatment Program
___ Conflict (Please Explain) _____

___ Other (Please Explain) _____

Signature of Counsel Date of Report

Estimated Hours: Detention _____ Merits _____ Disposition _____ (3/09)