ADDED CASES RECORD SHEET MONTH:_____ COUNTY:_____ CONTRACTOR:_____
JUVENILE CASES

JUVENILE NAME	CLIENT NAME (if not juvenile)	DATE OPENED	DOCKET #	CHINS #CHG	CHINS #CL	TYPE OF DEL CHARGE	DEL #CHG	DEL #CL	TPR #CHG	TPR #CL	PR/MOD #CHG	PR/MOD #CL
			TOTALS									