



**OFFICE OF THE CHIEF PUBLIC DEFENDER
JUVENILE POST CONVICTION UNIT**

Name _____ DOB _____

Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Date of Disposition _____ Expiration _____

Date of Canvas (if different from disposition) _____

DCF Committed Yes No

If DCF committed: Permanency Plan Filing Date _____ Permanency Plan Hearing Date _____

SJO Yes No

Attorney of Record _____ Contact Person in Office _____

Facility _____ Probation Officer _____ Judge _____

Was client canvassed on the possibility of probation extension? Yes No

Documents included in referral:

Clinical Consult Pre-Dispositional Study School Records Other

GAL _____ Educational Surrogate _____

Phone # _____ Phone # _____

Committing Offenses _____ Corresponding Docket # _____

Special Concerns relating to client: