

JUVENILE JUSTICE CASE PLAN

Name - Youth		Birthdate - Youth / /		Type of Supervision	
Supervision Expiration Date / /		Date Plan Developed / /		Date Plan Reviewed / /	
Name - Worker		County		Risk Classification	
Frequency of Contact					

Did you do an override for services? Yes No If yes, explain.

I. STRENGTHS

II. OTHER PERTINENT INFORMATION

III. GOALS

1
 Meet established rules and conditions of supervision and participate in services needed to improve or change relationships and behaviors.
 Comments / Progress

2

Objectives, Interventions or Tasks to Achieve Stated Goal	Assigned Person(s)	Start Date	Completion Date
1.		/ /	/ /
2.		/ /	/ /
3.		/ /	/ /
4.		/ /	/ /
5.		/ /	/ /

Comments / Progress

3

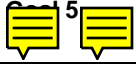
Objectives, Interventions or Tasks to Achieve Stated Goal	Assigned Person(s)	Start Date	Completion Date
1.		/ /	/ /
2.		/ /	/ /
3.		/ /	/ /
4.		/ /	/ /
5.		/ /	/ /

Comments / Progress

4

Objectives, Interventions or Tasks to Achieve Stated Goal	Assigned Person(s)	Start Date	Completion Date
1.		/ /	/ /
2.		/ /	/ /
3.		/ /	/ /
4.		/ /	/ /
5.		/ /	/ /

Comments / Progress



Objectives, Interventions or Tasks to Achieve Stated Goal	Assigned Person(s)	Start Date	Completion Date
1.			
2.			
3.			
4.			
5.			

Comments / Progress



Objectives, Interventions or Tasks to Achieve Stated Goal	Assigned Person(s)	Start Date	Completion Date
1.			
2.			
3.			
4.			
5.			

Comments / Progress



IV. SIGNATURES

SIGNATURE – Youth*			
SIGNATURE – Parent / Guardian*		Date Signed	
SIGNATURE – Parent / Guardian*		Date Signed	
SIGNATURE – Worker		Date Signed	

* Parent / Guardian and Youth's signatures do not necessarily indicate agreement to the case plan, but they do indicate that the signers have had an opportunity to review it.

Distribution: Youth, Parent / Guardian