

JUVENILE JUSTICE CASE PLAN

Name – Youth	Birthdate - Youth	Case Number	Expiration Date
Date JJCP Developed	Current Program / Placement		Name - Worker
Last Review Date	Scheduled Review Period		Community Transition / Placement Plan

I. Case Plan Participants

Name	Title	Address	Telephone
1.			

II. Case Plan Analysis

Describe strengths of family, family understanding of their strengths, needs, youth's attitudes / beliefs regarding change and readiness for change, quality of relationship between worker / youth / family, barriers to change which will have to be managed, and other pertinent information.)

III. Case Plan Goals

Objectives, interventions, or services to achieve stated goal	Participant	Start Date	Frequency	Completion Date
1.				
2.				
3.				
4.				
5.				

How goal achievement / progress will be measured:

Goal:

Objectives, interventions, or services to achieve stated goal	Participant	Start Date	Frequency	Completion Date
1.				
2.				
3.				
4.				
5.				
6.				

How goal achievement / progress will be measured:

Goal:

Objectives, interventions, or services to achieve stated goal	Participant	Start Date	Frequency	Completion Date
1.				
2.				
3.				
4.				
5.				

6.

How goal achievement / progress will be measured:

Goal:

Objectives, interventions, or services to achieve stated goal	Participant	Start Date	Frequency	Completion Date
1.				
2.				
3.				
4.				
5.				
6.				

How goal achievement / progress will be measured:

IV. Summary

Worker / Provider Tasks / Responsibilities:

Family Responsibilities:

Comments:

XI. Signatures

Name – Worker

Telephone Number- Worker

SIGNATURE - Worker

Date Signed

Name – Supervisor

Telephone Number- Supervisor

SIGNATURE - Supervisor

Date Signed