

Release of Youth (Title 15, Section 1351)

624.1 PURPOSE:

To establish guidelines for the release of youth from Juvenile Detention and Assessment Centers (JDACs) and to coordinate the provisions of transitional and reentry services.

624.2 DEFINITIONS:

Application for Psychotropic Medication (JV220): A judicial form used to request an order to give psychotropic medication to a youth who is a ward or a dependent of the juvenile court and living in an out of home placement or in foster care as defined in Welfare and Institutions Code 727.4.

Juvenile Justice Program (JJP): JJP is a collaboration of the Probation Department and the Behavioral Health Department. It is a team entrusted by the public to provide mental health services to juveniles in the justice system and their families. Services are only available to youth involved in the San Bernardino County juvenile justice system who are referred to the program through the Probation Department and Juvenile Court system.

624.3 GUIDELINES:

- A. Youth pending adjudication in this county will not be released with an active bench warrant issued by any other county until all pending matters in this county are fully adjudicated.
- B. The Population Summary report with notification of all released youth will be distributed to facility Schools by the designated clerical staff.

624.4 RESPONSIBILITIES:

- I. Probation Corrections Officer (PCO)/ Intake Release Officer (IRO):
 - A. Collect all applicable documentation that confirms a youth is ordered by the Court for release and place the documents in the release packet.
 1. Generate a Release Slip.
 2. Confirm the Minute Order.
 3. Confirm the Court Action Slip, when available.
 - B. If the youth's case is rejected by the District Attorney, verify the DA Reject form.
 - C. Confirm the identity of the youth and verify it is the same individual named on the documents.
 - D. Notify Medical Services, the Forensic Adolescents Services Team (FAST), and Schools of the youth's release.
 - E. Gather and/or complete applicable documentation to be included in the release packet:
 1. Suicide Advisory Notification Letter (Attachment A), if applicable:

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- (a) Notify the parent, legal guardian, or agency of any known potential of suicide risk.
 - (b) Physically hand the parent, legal guardian, or agency the resource pamphlet, "Who Can Help Me in the County of San Bernardino?" (Attachment B).
 - (c) Print the Suicide Advisory Notification Letter located in Caseload Explorer (CE) and have it signed by the youth's parent, legal guardian, or agency.
 - i. Make a copy of the signed form and give it to the parent, legal guardian, or agency.
 - ii. Import the signed copy into CE.
 - iii. Place the original signed copy in the youth's facility file. If the youth is over the age of 18 at the time of release, notification to the parent, legal guardian, or agency is to be given only if the youth is actively suicidal at the time of release.
2. Review the youth's overview screen in CE for an active reintegration attribute in Special Instructions. If the reintegration attribute is active, locate the Reintegration Plan in the Watch Commander's office.
 - (a) Have the youth's parent, legal guardian, or agency sign the Reintegration Plan and import the signed copy into CE.
 - (b) Make a copy of the signed form and give it to the parent, legal guardian, or agency.
 - (c) Place the original copy in the FAST box.
3. Complete the House Arrest Contract (Attachment E) located in CE, if applicable when the Intake PO is unavailable.
4. Complete the Authorization for Use and/or Disclosure of Educational Records Information (DCB) (Attachment F), if applicable.
5. Confirm medical staff has completed the discharge summary and the Medication Administrative Record (MAR) has been signed.
6. Complete a pat down search of the youth and their property ensuring all County property is retrieved.
7. Have the youth sign their Property Release form, acknowledging they have received all of their clothing and valuables upon release. Place the signed form in the youth's facility file.
 - (a) For youth being released to ARISE:
 - i. Keep youth in their jumpsuits.
 - ii. Complete a thorough search of the youth.

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- iii. Search the youth's property (clothing and valuables) for contraband and send them with transporting officers for transfer to ARISE.
 8. Physically hand each youth being released a PREA Flyer (Attachment C) and a Resource Information Pamphlet (Attachment D).
 9. Verify DNA collection was completed and documented in CE. If it was not completed, confirm DNA was not ordered on the minute order. Refer to the DNA Buccal Sample Collection procedure.
 10. Confirm there are no unresolved grievances. If applicable, document who resolved the grievance on the IRO Checklist.
 11. Complete the IRO checklist (Attachment G) and place it in the release packet.
- II. Watch Commander (WC):
 - A. Ensure the identity of the youth being released and verify the accuracy of court orders or other releasing documentation.
 - B. Ensure the youth's parents or guardian are notified of the youth's release, if under the age of 18.
 - C. Confirm there are no pending matters in Juvenile Court (via Caseload Explorer – CE) and/or Adult Court (via ODYSSEY) before releasing the youth.
 - D. Contact the Department of Children and Family Services (DCFS) in the absence of an Intake PO when youth is to be released to DCFS. Document the contact(s) in the youth's CE file.
 - E. Contact a DCFS Supervisor and notify the DDI/DDII if the youth has not been released to DCFS within one (1) hour of the initial contact.
- III. Division Director I/II (DDI/II):
 - A. Contact a Manager from DCFS and notify the Detention Corrections Bureaus Deputy Chief Probation Officer in the event there is no immediate resolution with the DCFS Supervisor regarding a youth's release to DCFS.
- IV. Correctional Nurse I/II/ Licensed Vocational Nurse I/II:
 - A. Provide a discharge summary to the youth and/or the parent, legal guardian, if the youth consents, or agency to which the youth is being released. The discharge plan shall include but not be limited to applicable information such as arrangements or referrals for follow-up services with community providers.
 - B. Arrange for sufficient supply of current medication and encourage the youth to follow up with a community health care provider.
 - C. Include a copy of the current consent for psychotropic medication when the youth is being released to placement (if the youth does not have a JV-220).
- V. Forensic Adolescent Services Team (FAST):

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- A. Make a referral to the Juvenile Justice Community Reintegration out of custody program for transition planning for youth needing medication and therapeutic services upon being released to a parent, legal guardian, or agency. No referrals shall be made for youth being released to placement.
- VI. Intake Probation Officer/Supervising Probation Officer:
 - A. Contact DCFS as needed when a youth is to be released to DCFS. Document the contact(s) in the youth's CE file.
 - B. Complete the House Arrest Contract when applicable.

624.5 ATTACHMENTS:

[See attachment: Release of Youth Attachment A \(Lexipol 6-8-23\).pdf](#)

[See attachment: Release of Youth Attachment B \(Lexipol 10-17-22\).pdf](#)

[See attachment: Release of Youth English Attachment C \(Lexipol 10-17-22\).pdf](#)

[See attachment: Release of Youth Spanish Attachment C \(Lexipol 10-17-22\).pdf](#)

[See attachment: Release of Youth Attachment D \(Lexipol 6-8-23\).pdf](#)

[See attachment: Release of Youth Attachment E \(Lexipol 10-17-22\).pdf](#)

[See attachment: Release of Youth Attachment F \(Lexipol 10-17-22\).pdf](#)

[See attachment: Release of Youth Attachment G \(Lexipol 6-8-23\).pdf](#)

Attachments

Release of Youth Attachment A (Lexipol 6-8-23).pdf



TRACY REECE
Chief Probation Officer

EDWARD BARRY
Assistant Chief Probation Officer

Suicide Advisory Notification Letter

Date:

Dear parent – guardian – placement staff/*Estimado padre – guardián – agencia de colocación:*

, who was detained on _____ is being released from this Juvenile Detention and Assessment Center or Treatment Facility into your custody at _____ hours (time) on _____ (date), was placed on Suicide Observation Status at least once during their detention and is felt to be a potentially suicidal person. It is the recommendation of the San Bernardino County Probation Department to you as a responsible parent - guardian - placement agency to:

1. Call (909) 387-7118 or (760) 961-6720 if you would like more information about why your child was placed on Suicide Observation Status.
2. Arrange for follow up mental health services by making arrangements through your own health insurance system or at the office of a psychotherapist of your choice. Information about services through the San Bernardino County Department of Behavioral Health and their contract agencies can be obtained by calling (888) 743-1478.
3. Supervise your child when they take their psychiatric medications, if prescribed, and arrange for follow up psychiatric care immediately.
4. Contact your local law enforcement or 911 if your child is in immediate danger of serious harm to themselves or someone else.
5. Contact the Community Crisis Response Team at (888) 743-1478 to request assistance if your child is in need of evaluation for possible hospitalization for danger to self or others.

, quien fue detenido en _____ va ser liberado del Centro de Evaluación y Detención Juvenil o Instalación de tratamiento a su custodia a la(s) _____ (hora) el _____ (fecha), fue colocado en Estatus de Observación de Suicidio por lo menos una vez durante su detención y es considerado ser una persona potencialmente suicida. Es la recomendación del Departamento de Libertad Condicional del Condado de San Bernardino a usted como el padre/ guardián/ agencia de colocación que:

1. Llame (909) 387-7118 o (760) 961-6720 si le gustaría más información acerca del porqué su hijo/a fue colocado en Estatus de Observación de Suicidio.
2. Haga lo posible de seguir los servicios de salud mental haciendo arreglos por medio de su propio seguro médico, o en la oficina de un psicoterapeuta, de su elección. Para información acerca de los servicios del Departamento de Salud Mental, Condado de San Bernardino y de sus agencias, llame al (888) 743-1478.
3. Supervise a su hijo/a cuando se tome sus medicamentos psiquiátricos, si son recetadas, y haga preparativos para que siga su cuidado psiquiátrico inmediatamente.
4. Contacte al Departamento de Policía Local o marque al 911 si su hijo/a está en peligro de lastimarse a sí mismo o a otras personas.
5. Contacte al Equipo de Respuesta a Crisis de su Comunidad al (888) 743-1478 para solicitar ayuda si su hijo/a necesita una evaluación para una posible hospitalización si es un peligro a sí mismo o hacia otras personas.

Sincerely/Sinceramente,

Probation Mental Health Services Unit/La Unidad de Libertad Condicional de Servicios de Salud Mental

I acknowledge receipt of this letter regarding _____ being potentially suicidal.

Yo reconozco haber recibido esta carta con respecto a _____ de ser una persona potencialmente suicida.

Signed/Firma: _____ Relationship/Relación: _____ Date/Fecha: _____

Release of Youth Attachment B (Lexipol 10-17-22).pdf

Who Can Help Me in the County of San Bernardino?

The County offers many services in the community that can assist you and/or your family when situations arise. Below is a list of different services and resources that are designed to provide stability for both you and your family.

LEGAL INFORMATION

These services are intended to assist you with your legal needs in the community.

Superior Court Family Law:

1. San Bernardino (909)521-3136
2. Joshua Tree (760)974-3047
3. Victorville (760)245-6215

Inland Counties Legal Service (909)884-8615

Juvenile Delinquency/Traffic:

1. San Bernardino (909)269-8840
2. Victorville (760)245-6215

Legal Aid Clinic (909)889-7328

Probation Department:

1. San Bernardino (909)383-2700
2. Barstow (760)256-4737
3. Joshua Tree (760)366-4130
4. Rancho Cucamonga (909)945-4000
5. Victorville (760)243-8269

Public Defenders Juvenile Office:

1. San Bernardino (909)387-0569
2. Victorville (760)261-5322

Juvenile Detention and Assessment Centers (JDACs):

1. San Bernardino (909)383-1769
2. Apple Valley (760)961-6701

MENTAL AND BEHAVIORAL HEALTH

These services are intended to assist you when there are behavioral or mental health needs in your home.

Alcohol and Drug Referral Service (800)662-4357

Alternative to Domestic Violence (800)339-7233

Arrowhead Regional Medical Center (909)580-1000 (*Main Line*)

California Youth Crisis Hotline (800)843-5200

Canyon Ridge Hospital (909)590-3700

Child Abuse Hotline (800)827-8724

Community Crisis Response Team:

1. East Valley Region (909)421-9233 or **Pager** (909)420-0560
2. Morongo Basin Region **24 hr crisis line** (855)365-6558
3. West Valley Region (909)458-1517 or **Pager** (909)535-1316
4. High Desert Region (760)956-2345 or **Pager** (760)734-8093

Department of Behavioral Health Access Unit (888)743-1478 or (909)381-2420

Desert Mountain Children Center (760)955-3601

Forensic Adolescent Service Team (FAST):

1. San Bernardino (909)387-7118
2. Apple Valley (760)961-6720

Loma Linda Behavioral Medicine Center (909)558-9200

Salvation Army Rehabilitation Center San Bernardino (909)889-9605

Sexual Assault Services (800)656-4673

Transitional Aged Youth:

1. San Bernardino (909)387-7194
2. Rancho Cucamonga (877)760-0770
3. Victorville (760)243-5417
4. Yucca Valley (760)228-9657 **ext. 126**

EDUCATION AND CAREER

These services are intended to assist you with your current education and future career goals.

Boys and Girls Club (800)854-2582

California Conservation Corp (909)708-8488

GED Hotline (877)392-6433

Goodwill Job Career Center:

1. San Bernardino (909)890-1415
2. Victorville (760)780-4970

National Job Corp (800)733-5627

Regional Occupational Program (ROP) (909)252-4550

Special Education Local Plan Area (SELPA):

1. Desert Mountain (760)955-3550
2. East Valley (909)252-4507
3. Fontana Unified (909)357-5000
4. Morongo Unified (760)367-9191
5. San Bernardino City Unified (909) 880-6863
6. West End (909)476-6188

PROBATION RESOURCE CENTERS

Provides low cost/affordable specialized programs and activities for at-risk youth that may include Individual, Family, or Group Counseling, Gang Avoidance, Anger Management, Petty Theft, Substance Abuse, Victim Awareness, and Truancy.

High Desert Day Reporting Center (760)552-6600 or (760)243-8269

San Bernardino Youth Justice Center (909)387-7359

Focus West (909)467-5203

Montclair Day Reporting Center (909)447-4501 **ext. 207**

MEDICAL HEALTH

These services are intended to assist you when there are medical needs within your family.

Covered California (800)300-1506

Department of Social Services (800)952-5253

Transitional Assistance Department (909)388-0245

Medi-Cal for Families Information Line (800)880-5305

Inland Empire Health Plan (IEHP) (800)440-4347

Planned Parenthood (909)890-5511

Inland Regional Center (909)890-3000 (*Developmental/Intellectual Disabilities*)

Public Health (800)722-4777

Social Security Administration (800)772-1213

PARENTING

These services are intended to help with the parenting needs in your family.

First 5 San Bernardino (909)386-7706

(*Programs for children ages birth – 5 yrs.*)

Parent Project:

1. Toll Free (800)372-8886
2. Inland Valley Recovery Center Upland (909)949-4667
3. Victorville (760)552-6611

WIC (Women, Infants, Children) (909)388-5663

Volunteers of America:

1. Early Head Start (909)888-4577
2. Family Resource Center (909)562-0901 **ext. 205**

HOUSING

These services are intended to help with emergency housing situations in the community.

CAPSBC-Homeless assistance (909)723-1500

Central City Lutheran Mission (909)381-6921

Frazer Community Center (909)889-4424 (*Hot meals Mon. – Fri. 11:00am – 1:00pm*)

Housing Authority (909)890-9533

National Runaway SAFELINE (800)786-2929 or (800)RUNAWAY

Option House San Bernardino (909)381-3471 (*shelter domestic violence*)

Salvation Army Emergency Shelter San Bernardino (909)888-4880

Veronica's Home of Mercy San Bernardino (909)888-9064 (*Women with children or pregnant only*)

Just Dial 2-1-1

Free and Confidential. You can dial **2-1-1** for information about other services in your community that we have not already provided such as:

1. Health Care
2. Counseling, Food, Support Groups
3. Clothing
4. Housing, Community Groups
5. Elder Services, Employment and many other services.

¿Quién me puede ayudar en el Condado de San Bernardino?

El Condado ofrece muchos servicios en la comunidad que puede ayudar a usted y/o a su familia cuando situaciones o circunstancias inesperadas surgen. Debajo esta una lista de servicios y recursos diferentes en su comunidad que son diseñadas para proporcionar la estabilidad para usted y para su familia.

INFORMACIÓN LEGAL

Estos servicios son diseñados para ayudarle con sus necesidades legales en la comunidad:

Superior Court Family Law:

1. San Bernardino (909) 521-3136
2. Joshua Tree (760)974-3047
3. Victorville (760)245-6215

Inland Counties Legal Service (909)884-8615

Juvenile Delinquency/Traffic:

1. San Bernardino (909)269-8840
2. Victorville (760)245-6215

Legal Aid Clinic (909)889-7328

Probation Department:

1. San Bernardino (909)383-2700
2. Barstow (760)256-4737
3. Joshua Tree (760)366-4130
4. Rancho Cucamonga (909)945-4000
5. Victorville (760)243-8269

Public Defenders Juvenile Office:

1. San Bernardino (909)387-0569
2. Victorville (760)261-5322

Juvenile Detention and Assessment Centers (JDACs):

1. San Bernardino (909)383-1769
2. Apple Valley (760)961-6701

SALUD MENTAL Y DE COMPORTAMIENTO

Servicios proporcionados para ayudarle cuando hay necesidades de salud mental o comportamiento en su casa.

Alcohol and Drug Referral Service (800)662-4357

Alternative to Domestic Violence (800)339-7233

Arrowhead Regional Medical Center (909)580-1000 (Linea Telefonica principal)

California Youth Crisis Hotline (800)843-5200

Canyon Ridge Hospital (909)590-3700

Child Abuse Hotline (800)827-8724

Community Crisis Response Team:

1. East Valley Region (909)421-9233 or Pager (909)420-0560
2. Morongo Basin Region 24 hr crisis line (855)365-6558
3. West Valley Region (909)458-1517 or Pager (909)535-1316
4. High Desert Region (760)956-2345 or Pager (760)734-8093

Department of Behavioral Health Access Unit (888)743-1478 or (909)381-2420

Desert Mountain Children Center (760)955-3601

Forensic Adolescent Service Team (FAST):

1. San Bernardino (909)387-7118
2. Apple Valley (760)961-6720

Loma Linda Behavioral Medicine

Center (909)558-9200

Salvation Army Rehabilitation

Center San Bernardino (909)889-9605

Sexual Assault Services (800)656-4673

Transitional Aged Youth:

1. San Bernardino (909)387-7194
2. Rancho Cucamonga (877)760-0770
3. Victorville (760)243-5417
4. Yucca Valley (760)228-9657 ext. 126

EDUCACIÓN Y CARRERA

Estos servicios son para ayudarle con su educación actual y futuras metas profesionales.

Boys and Girls Club (800)854-2582

California Conservation Corp (909)708-8488

GED Hotline (877)392-6433

Goodwill Job Career Center:

1. San Bernardino (909)890-1415
2. Victorville (760)780-4970

National Job Corp (800)733-5627

Regional Occupational Program (ROP) (909)252-4550

Special Education Local Plan Area (SELPA):

1. Desert Mountain (760)955-3550
2. East Valley (909)252-4507
3. Fontana Unified (909)357-5000
4. Morongo Unified (760)367-9191
5. San Bernardino City Unified (909) 880-6863
6. West End (909)476-6188

CENTROS DE RECURSOS DE LIBERTAD CONDICIONAL

Proporciona programas y actividades especializadas de bajo costo/económicos para juventud en peligro, que puede incluir consejería Individual, Familiar, o en Grupo, Como Evitar Pandillas, Control de Ira, y clases acerca del Robo, Abuso de Sustancia, el reconocimiento de Víctima(s), y el Ausentismo en la escuela.

High Desert Day Reporting Center (760)552-6600 or (760)243-8269

San Bernardino Youth Justice Center (909)387-7359

Focus West (909)467-5203

Montclair Day Reporting Center (909)447-4501 ext. 207

SALUD MÉDICA

Estos servicios son para ayudarle con necesidades médicas dentro de su familia.

Covered California (800)300-1506

Department of Social Services (800)952-5253

Transitional Assistance Department (909)388-0245

Medi-Cal for Families Information Line (800)880-5305

Inland Empire Health Plan (IEHP) (800)440-4347

Planned Parenthood (909)890-5511

Inland Regional Center (909)890-3000

(Developmental/Intellectual Disabilities)

Public Health (800)722-4777

Social Security Administration (800)772-1213

CRIANZA

Estos servicios son diseñados para ayudar con necesidades acerca del cuidar de los niños en su familia.

First 5 San Bernardino (909)386-7706

(Programas para niños de edades 0-5 yrs.)

Parent Project:

1. Toll Free (800)372-8886
2. Inland Valley Recovery Center Upland (909)949-4667
3. Victorville (760)552-6611

WIC (Women, Infants, Children) (909)388-5663

Volunteers of America:

1. Early Head Start (909)888-4577
2. Family Resource Center (909)562-0901 ext. 205

VIVIENDA

Estos servicios son para ayudar con alojamiento/vivienda en situaciones de emergencia en la comunidad.

CAPSBC-Homeless assistance (909)723-1500

Central City Lutheran Mission (909)381-6921

Frazee Community Center (909)889-4424

(Alimento Caliente: Lunes – Viernes 11:00am – 1:00pm)

Housing Authority (909)890-9533

National Runaway SAFELINE (800)786-2929 or (800)RUNAWAY

Option House San Bernardino (909)381-3471 (refugio violencia domestica)

Salvation Army Emergency Shelter San Bernardino (909)888-4880

Veronica's Home of Mercy San Bernardino (909)888-9064 (Mujeres y niños o solo mujeres embarazadas)

Simplemente Marque el 2-1-1

Gratis y Confidencial. Usted puede marcar al 2-1-1 para información sobre otros servicios en su comunidad no mencionados en este folleto como:

- 1 Asistencia médica
- 2 Consejería, Comida/Alimento, Grupos de Apoyo
- 3 Albergue de Ropa
- 4 Alojamientos
- 5 Servicios de Anciano, el Empleo y muchos otros servicios.

Release of Youth English Attachment C (Lexipol 10-17-22).pdf

Prison Rape Elimination Act



If you have been sexually abused, sexually assaulted or sexually harassed while at placement or in a group home you can safely inform:

Your
Probation Officer
(909) 383-2700

DCB Compliance
Officer
(909)387-6002

PREA
EXTERNAL
Ombudsman
(909) 534-8044

Release of Youth Spanish Attachment C (Lexipol 10-17-22).pdf

ACTA PARA LA ELIMINACION DEL ABUSO SEXUAL EN LAS PRISIONES



Si has sido abusado, asaltado o acosado sexualmente mientras te encontrabas en un centro de colocacion o en un hogar para menores, tu puedes reportarlo sin preocupacion a:

A tu
Agente de
Libertad Condicional
Probation Officer
(909) 383-2700

DBC
Oficial de
Acatamiento
Compliance Officer
(909)387-6002

PREA
EXTERNAL
Ombudsman
(909) 534-8044

Release of Youth Attachment D (Lexipol 6-8-23).pdf

Checking In For Success!!



If you were released on probation, it is your responsibility to check in with the Probation Department in your local region. Per the terms of your probation, you are hereby directed to "Report to the probation officer at once immediately upon release from custody and every fourteen (14) days thereafter or as otherwise directed by the probation officer."

I understand and acknowledge I must report to the Probation Office as noted above.

Youth Name: _____
Youth Signature: _____
Parent Signature: _____

Juvenile Probation Office Locations

Barstow
1300 E. Mt. View, Barstow
(760) 256-4737

High Desert Region
15345 Bonanza Rd, Victorville, CA 92392
(760) 552-6600

Needles Region
1111 Bailey Ave, Needles, CA 92363
(760) 326-9337

Central Region
150 West 5th Street, San Bernardino, CA 92415
(909) 383-2700

Joshua Tree Region
63665 29 Palms Highway, Joshua Tree, CA 92252
(760) 366-4130

West End Region
17830 Arrow Blvd., Fontana, CA 92335
(909) 356-3489

TRACY REECE
Chief Probation Officer
EDWARD BARRY
Assistant Chief Probation Officer

TENEKA HAYES
Deputy Chief Probation Officer
Detention Corrections Bureau Juvenile Services



Protect the community through assessment, treatment, and control of adult and juvenile offenders by providing a range of effective services based on legal requirements and recognized professional standards.

Resource Information:

Drug and Alcohol, Parent Project,
Girls Circle, Boys Council classes
Legal Assistance
Resource Centers
Mental Health Services
Medical Services
School District Locations

Probation Resource Centers
High Desert Day Reporting Center:
 (760) 552-6600 or (760) 243-8269

San Bernardino Youth Justice Center:
 (909) 387-7359

Montclair Day Reporting Center
 (909) 447-4501 ext. 203/207

Mental Health Services
Forensic Adolescent Service Team (FAST)
 San Bernardino (909) 387-7118
 Apple Valley (760) 961-6720

Community Crisis Response Team
 East Valley Region (909) 421-9233
 High Desert Region (760) 956-2345

Inland Regional Center
 San Bernardino County (909) 890-3000

Legal Information and Assistance
Superior Court Family Law:
 San Bernardino (909) 521-3136
 Victorville (760) 245-6215

Inland Counties Legal Services, Inc.:
 (909) 884-8615
Public Defenders Juvenile Office:
 San Bernardino (909) 387-0569
 Victorville (760) 261-5322

Legal Aid Clinic
 (909) 889-7328

Youth Transition Goals

Youth Name: _____

Youth PIN: _____

Youth's Probation Officer: _____

THINGS TO DO	GOAL ATTAINED!
Find out where you will be living and who you will live with	<input type="checkbox"/>
Report to your local Probation Office upon release	<input type="checkbox"/>
Enroll in School	<input type="checkbox"/>
Review and Understand your Terms and Conditions	<input type="checkbox"/>
Plan on where you will be completing your Community Service	<input type="checkbox"/>
Obtain record of Components completed while detained (AA/NA,	<input type="checkbox"/>

Montclair Day Reporting Center

The Day Reporting Center offers specialized programs, classes, and activities for at-risk youth and juveniles ages 11-17 years old currently or previously on probation.

Components Include:

- Drug and Alcohol
- Parent Project
- Anger Management
- And Much More!

Medical Health

Covered California: (800) 300-1506

TAD Customer Service:

(877) 410-8829

Medi-Cal for Families Information Line:

(800) 880-5305

Inland Empire Health Plan:

(800) 440-4347

JUST DIAL 2-1-1

2-1-1 is a free and confidential service that helps people across the U.S. find the local resources they need 24 hours a day.

High Desert

Adelanto Unified School District

(760) 246-8691

Apple Valley Unified School District

(760) 247-8001

Baker Valley Unified School District

(760) 733-4567

Barstow Unified School District

(760) 255-6000

Helendale School District

(760) 952-1180

Hesperia Unified School District

(760) 244-4411

Lucerne Valley Unified School District

(760) 248-6108

Morongo Unified School District

(760) 367-9191

Needles Unified School District

(760) 326-4218

Oro Grande Unified School District

(760) 243-5884

Silver Valley Unified School District

(760) 254-2916

Snowline Joint Unified School District

(760) 868-5817

Trona Joint Unified School District

(760) 372-2861

Victor Elementary School District

(760) 245-1691

Victor Valley Union High School District

(760) 245-4271

School Districts

Central

Bear Valley Unified School District

(909) 866-4631

Colton Joint Unified School District

(909) 580-5000

Redlands Unified School District

(909) 307-5300

Rim of the World Unified School District

(909) 336-2031

San Bernardino City Unified School District

(909) 381-1100

Yucaipa-Calimesa Joint Unified

(909) 797-0174

Community Colleges

Barstow Community College

(760) 252-2411

Chaffey Community College

(909) 652-6000

Copper Mountain Community College

(760) 366-3791

San Bernardino Community College

(909) 382-4000

Victor Valley Community College

(760) 245-4271

West End

Alta Loma

(909) 484-5151

Central School District

(909) 989-8541

Chaffey Joint Union District

(909) 988-8511

Chino Valley Unified School District

(909) 628-1201

Cucamonga School District

(909) 987-8942

Etiwanda School District

(909) 899-2451

Fontana Unified School District

(909) 387-7600

Mountain View School District

(909) 947-2205

Mt. Baldy Joint School District

(909) 985-0991

Ontario-Montclair School District

(909) 459-2500

Rialto School District

(909) 820-7700

Upland Unified School District

(909) 985-1864

R.O.P

Colton-Redlands-Yucaipa

(909) 793-3115

San Bernardino County R.O.P

(909) 386-2461

Release of Youth Attachment E (Lexipol 10-17-22).pdf

HOUSE ARREST CONTRACT - RULES

Minor's Name: _____ School: _____ Attending Yes No
PIN: _____ DOB: _____ Parents' Name: _____
JNET# _____ J# _____ Home Phone: _____
Next Court Date: _____ Dept: _____
Home Address: _____

YOU MUST APPEAR AT THE FOLLOWING COURT

- San Bernardino Juvenile Court 900 E. Gilbert St., Bldg 35, San Bernardino**
 Victorville Juvenile Court, 14455 Civic Dr., Victorville

Pursuant to Section 840 of the California Welfare and Institutions Code, you are being placed in a **House Arrest Program**. This agreement requires cooperation by you and your parents or guardians and is based upon your signed promise to comply with the following House Arrest Rules

1. You shall obey all laws.
2. You will attend all scheduled Court Hearings.
3. You will keep all appointments, cooperate with the Probation Officer and follow all House Arrest/GPS Program rules.
4. You shall obey parents/guardians and responsible adults.
5. You are not to leave your place of residence or have visitors without prior approval of the House Arrest Officer.
6. You shall attend school regularly, abide by all school rules, and immediately return home after school.
7. You shall be placed on Electronic/ GPS Monitoring. Do not remove/ tamper with electronic ankle monitor.
8. You may be required to attend counseling and / or participate in community service.
9. Submit to a search of your person, automobile, or place of residence without the necessity of a search warrant at the direction of any peace officer.
10. Do not possess any dangerous or deadly weapons.
11. Do not use or possess any alcohol or controlled substances.
12. Submit to a controlled substance test at the direction of the Probation Officer.
13. Do not associate or communicate with co-participant(s):
14. You shall have no contact with the victim and you will stay 100 feet from the victim's residence.
15. You shall not alter your appearance including but not limited to a haircut, shave, tattoo, or piercing without court approval.
16. If you are of driving age and have a valid California Driver's License, do not operate a motorized vehicle while charging GPS equipment.
- 17.

Any exceptions to the above terms and conditions must have the prior approval of the House Arrest Program Probation Officer.

HAP Contact Monday – Friday 8:00 AM to 5:00 PM only Select location

Emergency Only - HAP contact after 5pm and on weekends, (909) 841-1368

These House Arrest Rules have been explained to me and I agree to abide by them. If I fail to comply, I understand that I will be returned to the Juvenile Detention and Assessment Center.

Minor's Signature _____ Date _____

As parent or guardian of the above-named minor, I agree to comply with my obligations and to notify the House Arrest Program Officer of any violation of this contract. I agree to be responsible to any loss or damage to any GPS equipment. I also agree to appear for scheduled Court Hearings and appointments with the Probation Officer and the House Arrest Program Officer.

Parent/Guardian's Signature _____ Date _____

Initiating Officer: Print _____ Sign _____ Date _____

Release of Youth Attachment F (Lexipol 10-17-22).pdf



TO PROTECT THE COMMUNITY ...

TRACY REECE
Chief Probation Officer

AUTHORIZATION FOR USE AND/OR DISCLOSURE
OF EDUCATIONAL RECORDS INFORMATION
(DCB)

Name of Student (list all names used)

Date of Birth

Pin #

AREA: West End []

High Desert []

Central Valley []

I authorize San Bernardino County Schools to release reading and math achievement scores, transcripts of student grades and/or credits, and immunization records to the San Bernardino County Probation Department. The information will be used to coordinate school enrollment and educational services.

Individual or Organization Disclosing Information:

Individual or Organization Receiving Information:

San Bernardino County Schools

San Bernardino County Probation Department

Burton Thrall (Central Juvenile Detention & Assessment Center)
900 E. Gilbert St. San Bernardino, CA 92415 (909) 387-7490

Central Juvenile Detention & Assessment Center
900 East Gilbert St., San Bernardino, CA 92415 (909) 383-1769

High Desert Juvenile Detention & Assessment Center
21101 Dale Evans Parkway, Apple Valley 92307 (760) 961-6708

High Desert Juvenile Detention & Assessment Center
21101 Dale Evans Pkwy, Apple Valley, CA 92307 (760) 961-6701

West Valley Juvenile Detention & Assessment Center
9478 Etiwanda, Rancho Cucamonga 91739 (909) 463-7563

West Valley Juvenile Detention & Assessment Center
9478 Etiwanda Ave., Rancho Cucamonga, CA 91739 (909) 356-1974

Regional Youth Educational Facility
740 Gilbert Street, San Bernardino, CA 92415 (909) 387-6933

Duration: This authorization shall become effective immediately and shall remain in effect until ____ (date) or for one year from the date of signature if no date is entered.

Revocation: I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.

A copy of this authorization is as valid as an original.
I understand that I have a right to receive a copy of this authorization for my records.

Table with 3 columns: Signature of Legal Guardian or Student, if age 18; Relationship to Minor; Date

PRINT NAME

Release of Youth Attachment G (Lexipol 6-8-23).pdf



TRACY REECE
Chief Probation Officer

EDWARD BARRY
Assistant Chief Probation Officer

IRO RELEASE CHECKLIST

YOUTH'S NAME: _____
PIN NUMBER: _____
PROPERTY NUMBER: _____

YES	NO	IF A SIGNATURE A IS REQUIRED MUST BE SIGNED BY: PO/ PARENT, LEGAL GUARDIAN, OR AGENCY	
<input type="checkbox"/>	<input type="checkbox"/>	SUICIDE ADVISORY LETTER SIGNED	(Attachment A):
		A. MAKE THREE (3) COPIES FOR: 1. Release Packet 2. Watch Commander (WC) 3. Scan and upload signed document into CE	
<input type="checkbox"/>	<input type="checkbox"/>	REINTEGRATION PLAN SIGNED IF APPLICABLE:	Plan is located in WC office
<input type="checkbox"/>	<input type="checkbox"/>	HOUSE ARREST PROGRAM CONTRACT SIGNED IF APPLICABLE	PO who completed the contract Signature: _____ (Attachment E)
<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION RELEASE MAR SIGNED: A. CHECK FOR INHALER	If no medication Medical staff Initial R.N: _____ Who verified initial: _____ Time verified: _____ Hrs.
<input type="checkbox"/>	<input type="checkbox"/>	PREA INFORMATION GIVEN	(Attachment C)
<input type="checkbox"/>	<input type="checkbox"/>	SCHOOL INFORMATION FORM SIGNED	Form located in CE (Attachment F)
<input type="checkbox"/>	<input type="checkbox"/>	DNA TAKEN PURSUANT TO PC 296 CONFIRM IN CE OR CHECK MINUTE ORDER IF NOT IN CE	
<input type="checkbox"/>	<input type="checkbox"/>	CONFIRM THERE ARE NO UNRESOLVED GRIEVANCES	PCSI who resolved:
<input type="checkbox"/>	<input type="checkbox"/>	IS THE YOUTH BEING RELEASED TO COUNTY JAIL	Confirm with minute order
<input type="checkbox"/>	<input type="checkbox"/>	WHO CAN HELP ME IN THE COUNTY OF SAN BERNARDINO	(Attachment B)
<input type="checkbox"/>		RESOURCE LOCATIONS PAMPHLET GIVEN	(Attachment D)