Juvenile Justice Services
State Supervision

Service Delivery Contract

Youth's Name		
DOB:	**Legal #:**	**Judge:**
Probation Officer:		
Probation Unit:		**Telephone #:**
Placement Admission Date:		**Projected Release Date:**

Service Authorized	Check Box Pro acted	# of Days
Introspect, Inc.	☐	
Odyssey House	☐	
The Journey	☐	# of Days _____
Young Women's Empowerment Center	☐	

Please note that all services are included in the rate and no additional services can be added.

_____ _____

Probation Officer **Date**

Comments: _____

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Please submit to JJS State Supervision Liaison

_____ _____

JJS Liaison **Date**

Private Provider _____ **Date** _____