



JUVENILE REHABILITATION (JR)
Request for Warrant Check on JR Youth

TO: Green Hill School
ATTN: Security Department
FAX: (360) 740-3407

DATE:

REQUESTING AGENCY	RETURN FAX NUMBER
AUTHORIZING REQUESTOR	TELEPHONE NUMBER

Please conduct warrant checks on the following youth:

NAME OF RESIDENT	JRA NUMBER	DATE OF BIRTH	RELEASE*	TRANSFER*
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

* Indicate whether the request is for release from residential obligation (parole, discharge, etc.) or transfer to a minimum security facility (includes community facilities and RTCP).