

**BALANCED AND RESTORATIVE JUSTICE REPORTING FORM**  
**for**  
**Residential and Non-Residential Treatment Settings**

Agency Name: \_\_\_\_\_ Name of Juvenile: \_\_\_\_\_

Program/Unit: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ County: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Report: \_\_\_\_\_ Report Period: \_\_\_\_\_

Monthly Progress Report

Quarterly Progress Report

Final/Discharge Report

**GENERAL INFORMATION**

- Did the program/unit receive a victim impact statement? Yes  No  NA
- Does the juvenile's Treatment Plan/Individual Service Plan contain Balanced and Restorative Justice goals? Yes  No
- Did the program receive information concerning the restitution/cost/fines/community service/etc. ordered for the juvenile? Yes  No

**ACCOUNTABILITY**

♦ **VICTIM/COMMUNITY AWARENESS**

- Was there an opportunity for the juvenile to participate in an established victim/community awareness curriculum? Yes  No
- Did the youth participate in the victim/ community awareness curriculum?
  - If yes, did the juvenile satisfactorily complete the curriculum? Yes  No
  - If yes, please identify the curriculum: \_\_\_\_\_
- Was there a measure for success during the juvenile's participation? Yes  No  NA 
  - If yes, was it assessed that the juvenile's participation was successful? Yes  No  NA
- Please list other accountability measures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ **RESTITUTION**

- Did the juvenile owe restitution on date of arrival? Yes  No  Unknown
- Amount of restitution owed? \$ \_\_\_\_\_
- Was there an opportunity to pay restitution? Yes  No  NA
- Amount paid during this report period: \$ \_\_\_\_\_
- Amount paid since admitted to the program: \$ \_\_\_\_\_
- Amount remaining: \$ \_\_\_\_\_

◆ **COSTS and FINES**

- Did the juvenile owe costs and fines on date of arrival? Yes  No  Unknown
- Amount of costs and fines owed? \$ \_\_\_\_\_
- Was there an opportunity to pay these costs? Yes  No  N/A
- Amount paid during this report period: \$ \_\_\_\_\_
- Amount paid since admitted to the program: \$ \_\_\_\_\_
- Amount remaining: \$ \_\_\_\_\_

◆ **RESTORATIVE COMMUNITY SERVICE:**

- Is there an order of community service? Yes  No  Unknown
- Was there an opportunity for the juvenile to complete community service? Yes  No  NA 
  - If yes, was the juvenile presented with information of how the community service relates to his/her offense? Yes  No  NA
- Number of hours of community service ordered on date of arrival? \_\_\_\_\_ hours
- Number of hours of community service performed during this report period: \_\_\_\_\_ hours
- Number of hours of community service performed since admitted to program: \_\_\_\_\_ hours
- Number of hours of community service remaining: \_\_\_\_\_ hours
- The community service was performed in: the juvenile's home community  and/or the program's community

**COMPETENCY DEVELOPMENT**

Did the juvenile participate in competency development activities? Yes  No

**COMPETENCY**                      **included in TX. Plan**                      **attending**                      **completed**

**SKILL BUILDING:**

- Educational                      Yes  No                       Yes  No                       Yes  No
- Vocational                      Yes  No                       Yes  No                       Yes  No
- Job readiness skills                      Yes  No                       Yes  No                       Yes  No
- Other: \_\_\_\_\_                      Yes  No                       Yes  No                       Yes  No

**SOCIAL ADJUSTMENT:**

- Peer/family                      Yes  No                       Yes  No                       Yes  No
- Substance abuse                      Yes  No                       Yes  No                       Yes  No

<b><u>COMPETENCY</u></b>	<b><u>included in TX. Plan</u></b>	<b><u>attending</u></b>	<b><u>completed</u></b>
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**SOCIAL ADJUSTMENT (cont.):**

- |                        |  |  |  |
|------------------------|--|--|--|
| ▪ Interpersonal Skills | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Problem Solving      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Anger/Conflict Mgmt. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Cognitive/behavioral | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Life Skills          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Parenting skills     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Other: _____         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**ENHANCING TALENTS:**

- |  |  |  |  |
|--|--|--|--|
| ▪ School based extra-curricular activities | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Personal interest development            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Recreation (formal and informal)         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Other: _____                             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**COMMUNITY PROTECTION**

- |   |   |
|---|---|
| ▪ Was the juvenile charged with an additional offense while in the program?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| ▪ Did the juvenile abscond from the facility/program during the reporting period?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| ▪ Did the juvenile engage in additional behaviors that has threatened the safety of the program and/or community?       | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| ▪ If applicable, did the juvenile abide by Homepass Standards and expectations during the reporting period?             | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| ▪ Did the juvenile abide by his/her curfew during the reporting period?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| ▪ If applicable, did the juvenile abide by sanctions imposed for the purpose of ensuring the victim's safety?           | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| ▪ Has the family been engaged in the treatment process?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| ▪ Have the juvenile and his/her family participated in aftercare planning prior to his/her discharge from your program? | Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>  |
| • If yes, is the aftercare plan in place?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |

**Specifying Comments (if applicable):**