ASSIGNED COUNSEL CONTRACTOR JUVENILE CASE REPORT

NAME OF JUVENILE	Date o	of Birth:
Sex: M/F Docket No	Judge_	
Your Name	_ State's Attorr	ney
Date of original Hearing	Date of Disposition	
Client's Name (if not juvenile)		
who is:MotherFatherothe	r	
Petition Date:		
JUVENILE ALLEGED TO BE:		
Delinquent33 V.S.A. § 5502(4)	(check one)
Offense: Title: Offense: Title: Offense: Title: Offense: Title: Abandoned or Abused 33 V.S Neglected 33 V.S.A. § 5502(Without or Beyond Parent's Con POST DISPOSITION PROCEEDINGS (3) TPR Permanency Plan Hearing 33V Modification of Orders Hearing or protective supervision is	section:	Fel Misd other Fel Misd other Fel Misd other Fel Misd other A) A. § 5502(12) (C)
DISPOSITION Dismissed by State Dismissed by Court Diversion Protective Supervision Probation Community Service Woodside Treatment Program Conflict (Please Explain):	Continue SRS Cust Protect: Terminat	
Signature of Counsel Estimated Hours: Detention Mer		Date of Report