JAIL LOG FOR JUVENILES IN ADULT JAILS AND LOCKUPS
PLEASE SEE INSTRUCTIONS FOR COMPLETING THIS LOG

Name of your Facility_____ Adult Jail or Lockup? (Circle One)

Address_____ City_____ Zip_____ County_____

Does your department have a juvenile processing office designated by your county's juvenile board? Yes or No (circle one).

Period covered by log _____ - _____

Name of Official responsible for this log_____ Phone No. (_____)_____

Name	Offense	Date of Birth	Date Detained	Time Detained	Date Released	Time Released	Locked? Yes/No	Sight/ Sound Separation Yes/No	Race/ Ethnicity (*see below)

See Instructions

*AA=African-Americans, AI=American Indians, A=Asians, PI=Pacific Islanders, H=Hispanics, C=Caucasian