

**Division of Juvenile Justice Services** 

# Personal Property Inventory

YOUTH NAME:	UNIT:	DATE:
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INTAKE PROPERTY DESCRIPTION			
SHIRT:	BELT:	OTHER:	
T-SHIRT:	SHOES:		
PANTS:	WALLET:		
SHORTS:	ID:		
UNDERWEAR:	KEYS:	JEWELRY:	
BRA:	PHONE:		
SOCKS:	GLASSES:		
COAT/JACKET:	HAT:		
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Youth Signature:Locker #Storage location	Youth Signature:	Locker #_	Storage location
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Intake Staff (Print):	
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\_Date: \_\_\_\_\_

# PROPERTY RELEASED TO OR RECEIVED FROM AN OUTSIDE PARTY

## **RECEIVED**

## **RELEASED**

Date	Property Description	Received From	Staff	Date	Property Description	Released To	Staff	Youth

# Division of Juvenile Justice Services MEDICATION INVENTORY

### MEDICATION RECEIVED AT INTAKE

List the medication, type (pill, capsule, tube, cream, ointment, and/or suppository) and amount received at intake.

Medication #1	Туре	Amount
Medication #2	Туре	Amount
Medication #3	Туре	Amount
Medication #4	Туре	Amount
Medication #5	Туре	Amount

#### RECEIVING STAFF (Print & Sign):\_\_\_\_\_

## **MEDICATION RELEASED**

List the medication, type (Pill, Capsule, tube, cream, ointment, and/or suppository) and amount released.

Medication #1	Туре	Amount
Medication #2	Туре	Amount
Medication #3	Туре	Amount
Medication #4	Туре	Amount
Medication #5	Туре	Amount

#### **MEDICATION RELEASE SIGNATURES**

Medications Released to (Print):	Relationship:
Signature:	_Date:
Release Staff (Print/Sign):	

PROPERTY RELEASE SIGNATURES			
The personal property listed on this form has been returned to my possession and is fully accounted for.			
Youth Signature:Date:			
Staff Signature:	Date:		
(Property not claimed within 90 days from release shall be considered abandoned.)			