

Division of Juvenile Justice Services

Personal Property Inventory

YOUTH NAME:	UNIT:	DATE:
-------------	-------	-------

INTAKE PROPERTY DESCRIPTION			
SHIRT:	BELT:	OTHER:	
T-SHIRT:	SHOES:		
PANTS:	WALLET:		
SHORTS:	ID:		
UNDERWEAR:	KEYS:	JEWELRY:	
BRA:	PHONE:		
SOCKS:	GLASSES:		
COAT/JACKET:	HAT:		
	•	·	

Youth Signature:Locker #Storage location	Youth Signature:	Locker #_	Storage location
--	------------------	-----------	------------------

Intake Staff (Print):	
-----------------------	--

_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.)			