

FACILITY NAME: _____

Youth Receipt of Information

You are being given an evaluation as a result of a request under Section 1800 of the Welfare and Institutions Code. This evaluation will result in a recommendation by the Division of Juvenile Justice for or against the suitability of an extension of your commitment.

You do not have to participate in this evaluation but your participation will result in a more complete and accurate evaluation.

Because this information will be shared with the Juvenile Parole Board and court officers, this information will not remain confidential.

By signing below, I am stating that Dr. _____ and I have discussed the above information.

NAME OF YOUTH (PRINT NAME)

SIGNATURE OF YOUTH

DATE

NAME OF PSYCHIATRIST (PRINT NAME)

SIGNATURE OF PSYCHIATRIST

DATE