

**Muskegon River Youth Center of Indiana
Detention Form**

Please fill in the following information to assure proper detention is authorized.
Runaways/Truants please contact the facility for placement criteria. Email MRYC.Director@MRYC-IN.com; or MRYC.Programs@MRYC-IN.com or call 765.942.2701 with any questions.

A. JUVENILE'S PERSONAL DATA

First Name	Middle	Last	Sex	Race	Age	DOB
Kayla	Renee	[REDACTED]	F	W	15	6-26-99
Last Usual Address			City	State	Phone	SSN
429 Hill St. Apt 2			Connersville	IN	698-4560	
Father's Name	Address (If different from juvenile's)		City	State	Home TX	
Raymond [REDACTED]	3507 Grand Ave. Apt 23		Connersville	IN		
Mother's Name	Address (If different from juvenile's)		City	State	Home TX	
Rhonda [REDACTED]	429 Hill St.		Connersville	IN	698-4560	
Legal Guardian	Mother	Father	Other (give name etc.)	Address	City	State
Rhonda [REDACTED]						
Living with (give name if not listed above)			Home TX	Work TX		
Juvenile's School/Employer			Grade	Alias/Nickname		
Connersville High School						

B. Charge(s) (list each one)

1. <u>Escape</u>	Felony	Misdemeanor	Other
2. _____	_____	_____	_____

ATTACH COPY OF CASE REPORT AND DESCRIBE EACH OFFENSE.

I, the undersigned, affirm under the pains and penalties of perjury that the above statements are true and accurate to the best of my knowledge and belief.

Lisa Day 4-22-15 Fayette County Probation
Signature of Officer Date Law Enforcement Agency

C. REASON FOR DETENTION: By law, one or more of these conditions must exist. Check the appropriate box.

- ☐ 1. Offense is murder or a class "A" or class "B" felony.
- ☒ 2. Detention is necessary to protect the community or child.*
- ☐ 3. Juvenile is unlikely to appear on a later date to fact the charge.*

*State why you believe this is so:

D. Diagnostic Evaluation requested _____

E. NOTIFICATION OF PARENT OR GUARDIAN: Must be done as soon as possible.

MUSKEGON RIVER YOUTH CENTER OF INDIANA

INTAKE AND RELEASE AUTHORIZATION

Name Kayla [REDACTED] County Fayette
DOB 6-26-99 Age 15 Sex F SSN 313-[REDACTED]

Charges and Codes _____

Probation Officer Lisa Day E.T.A. _____

Sex Offender Y() N (☒) Violent Offender Y() N () reported by _____

Important Issues _____

INTAKE DATE and TIME _____

LOCATION of PICKUP _____

Release to Rhonda Lane*****

Conditions of Release Released to mother Rhonda [REDACTED] at the Fayette Co. Jail

Authorizing Release Lisa Day, PO Date 4-29-15 Time _____

Returned by _____ Date _____ Time _____

Time Release 6:00 pm 4-30-15 Time Returned _____



Youth Name: [REDACTED], Kayla

MRYCI #: 140452

Security Concerns:

Escape Risk:

Yes

No

Notes:

Self Mutilation:

Yes

No

Notes: History of self-harm

Risk to Others:

Yes

No

Notes:

Disciplinary Issues while in Detention:

Yes

No

Notes:

If you have any questions please contact Jeff Coomer at 765-942-2701 or at
mryc.operations@mryc-in.com

Mental Health Summary:

Suicide History or Risk:

Yes

No

Notes: History

Mental Health Assessment Complete:

Yes

No

Notes:

If you have and questions please contact Leah Miels at 765-942-2701 or at
mryc.programs@mryc-in.com

Medical Summary:

Active Prescriptions:

Yes

No

Notes:

Active Medical Conditions:

Yes

No

Notes:

Scheduled Appointments:

Yes

No

Notes:

If you have any questions please contact Christy Hubble R.N. at 765-942-2701 or at
mryc.nursing@mryc-in.com

Social Service:

Progress Report:

Yes

☒ No

Notes: Returned to Youth

Personal Items:

☒ Yes

No

Notes: ↓

Personal Clothing:

☒ Yes

No

Notes: Youth is Wearing all

Pending Grievances:

Yes

☒ No

Notes:

Education Plans:

Employment Plans:

If you have any questions please contact Leah Miels at 765-942-2701 or at
mryc.programs@mryc-in.com

Released to Parent:

☒ Yes

No

Address of individual/organization to which youth was released:

Receiving Individuals signature:

Rhonda [Redacted]

Date: 5-25-15

Youth signature:

Kayla [Redacted]

Date: 5-25-15

MRYC releasing staff: PW R voh

Date: 05-25-15