The following is an example of the youth rights as they relate to due process, which should be verbally explained to the youth:

1. You have the right to be notified of the rule violation(s) being charged against you and of the resulting due process hearing to be held.

2. You have the right to be present and to present documentary evidence at the hearing or to waive the hearing.

3. You have the right to request witnesses and to have them present at the hearing or to have statements from those individuals presented at the hearing.

4. You have the right to self-represent, or to be represented by a staff person during the hearing.

5. You may present questions to the Due Process Hearing Officer and the staff representative, to ask to the witness.

6. You have the right to appeal the Due Process Hearing Officer's decision to the Facility Administrator. (You may appeal the decision by completing a Grievance, within one (1) week) "The Facility Administrator's decision is final".

7. You have the right to waive a hearing or your right to be present. Any decision from a waived hearing may not be appealed.

Staff Representative Requested: [ ] Yes [ ] No Name:

Witness Requested: [ ] Yes [ ] No Name: [ ] Staff [ ] Youth Statement(s) attached: [ ] Yes [ ] No

Witness Requested: [ ] Yes [ ] No Name: [ ] Staff [ ] Youth Statement(s) attached: [ ] Yes [ ] No

I have read the statements above (or have had them read to me) and I understand my due process rights. Youth Signature: ___________________________ Staff Witness: ___________________________

DHO/ or Designee: ___________________________ Date Form Served: ___________________________
SPECIAL PLACEMENT FORM
XIII.7 Attachment A

YOUTH ___________________________ DATE PLACED IN UNIT ___________________________
POD ___________________________ TIME PLACED IN UNIT ___________________________
PERSON REFERRING ___________________________
SHIFT SUPERVISOR AUTHORIZATION ___________________________

REASON FOR ADMISSION:
1. _ Observation 
2. _ Bus Process Isolation

EXPLANATION ___________________________

NOTE: THE ABOVE IS TO BE COMPLETED ONLY BY THE SHIFT SUPERVISOR

1st-24 Hours

Shift Supervisor ___________________________ Counselor ___________________________
QWHP ___________________________ JCW
Special Placement evaluation: ___________________________

2nd-24 Hours

Date of Evaluation ___________________________ Time of Evaluation ___________________________

Shift Supervisor ___________________________ Counselor ___________________________
QWHP ___________________________ JCW
Special Placement evaluation: ___________________________

3rd-24 Hours

Date of Evaluation ___________________________ Time of Evaluation ___________________________

Shift Supervisor ___________________________ Counselor ___________________________
QWHP ___________________________ JCW
Special Placement evaluation: ___________________________

DATE OF RELEASE ___________________________ TIME OF RELEASE ___________________________
RELEASE AUTHORIZED BY ___________________________
(Form to be used only until youth is sent back to originating POD, or officially transferred by the treatment team to AMU or other appropriate placement.)
Revised: 10/15/2016