

Station Adjustment Compliance Initiative – Joint Home Visits Log

Youth Investigations Division/Chicago Police Department

Date:	Pre-Event Briefing Time:	JHV Field Start Time:	JHV Field End Time:
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Route Order	Parent/Guardian (Last, First Name)(Rel)/(Phone)	Involved Minor (Last, First Name)	CB# / Charge(s)	Address	Contact Type	Time at Location
		First JHV: <input type="checkbox"/> Second or More: <input type="checkbox"/>				
		First JHV: <input type="checkbox"/> Second or More: <input type="checkbox"/>				
		First JHV: <input type="checkbox"/> Second or More: <input type="checkbox"/>				
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		First JHV: <input type="checkbox"/> Second or More: <input type="checkbox"/>				
		First JHV: <input type="checkbox"/> Second or More: <input type="checkbox"/>				
		First JHV: <input type="checkbox"/> Second or More: <input type="checkbox"/>				

YID Supv Name/Star#		YID Detective Name/Star#		Agency Case Manager Name	
YID Supv Signature		Safety Officer 1 Rank/Name/Star#		Safety Officer 2 Rank/Name/Star#	
Date/Time Submitted		JISC CO Signature/Star#		YID Commander Signature	