



JUSTICE AND PUBLIC SAFETY CABINET

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Governor

Department of Juvenile Justice
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JUVENILE SEXUAL OFFENDER TRACKING SYSTEM
INITIAL REPORTING FORM – PART 1

Form fields including Youth Name, Date of Birth, DJJ Number, Gender, Race, County of Commitment, Date of Completion, Worker, District, Supervisor, Date of JSO Assessment, Risk Level, Date of RCNA Assessment, Risk Level, and Score.

Table with 3 columns: Charge(s), Offense Class, and Disposition Date(s). Each row contains a 'Select Offense Type' dropdown and a 'Click or tap to enter a date.' prompt.

This initial reporting form (Tracking I) should be submitted within thirty (30) days following disposition to:

Department of Juvenile Justice - ATTN: Offender Information Administrator
1025 Capital Center Drive – 3rd Floor – Frankfort, KY 40601-8205

Part II of the Juvenile Sexual Offender Tracking Report will be completed by the Offender Information Administrator. The completed Tracking I & Tracking II forms will be returned to the JSW.

KRS 635.545 505 KAR 1:160