



EXHIBIT 2
Department of Juvenile Justice
Juvenile Assessment Center
Parent/Responsible Adult Release Affidavit

I, _____
Name

attest that I am the _____ of
Parent/Guardian/Responsible Adult

_____ whose address is
Child's Name

_____, and
Address

date of birth is _____. I may be reached at
DOB

_____, _____,
Home Phone Cellular Phone

and/ or _____.
Pager

Parents Information

Date of Birth _____

Type of Identification provided: _____

I attest that the above information is true and factual.

Signature of Parent/Guardian/Responsible Adult Date

Witness

Reviewed By:

Intake Screener Date

Lead Screener Date