

FORM: JJB - 2

QUARTERLY REPORT BY JUVENILE JUSTICE BOARD

District	Period: From.....to.....	Date:
----------	--------------------------	-------

PRINCIPAL MAGISTRATE AND MEMBERS

Principal Magistrate: Name.....  
Training/ Special Knowledge in JJ System.....

Member - 1: Name.....  
Training/ Special Knowledge in JJ System.....

Member - 2: Name.....  
Training/ Special Knowledge in JJ System.....

HONORARIUM TO MEMBERS

Per sitting Rs.  Paid up to

SITTINGS OF THE BOARD

A. Scheduled Sittings  Daily  Twice in a Week  Weekly

B. Duration:  Full day  Half day

C. Premises:  Outside Court premises  Regular Court Room

D. Raised platform used by the Board:  Yes  No

E. Total Number of sittings during the quarter:

Attended By:  
Principal Magistrate  Member-1  Member-2

**STAFF OF THE BOARD**

*(Mention only those who are exclusively working for the Board)*

Designation	Contact No.

**INFRASTRUCTURE AVAILABLE WITH THE BOARD**

a. Board Room	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Waiting Room for Juvenile in custody	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Waiting Room for parents/visitors	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Room for Principal Magistrate & Members	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Record Room	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Room for Probation Officer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Working Computer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Drinking water	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Toilet facilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Typist, Photocopy etc for Juvenile/ Parent in the vicinity	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**LEGAL SERVICES AUTHORITY LAWYER**

No. of lawyers

No. of cases referred

**PROBATION OFFICERS**

No. of Probation Officers	<input type="text"/>	No. of cases referred	<input type="text"/>
SIR- submitted within 30 days	<input type="text"/>	Individual Care Plan - submitted	<input type="text"/>
- Submitted after 30 days	<input type="text"/>	- Pending	<input type="text"/>
- Pending beyond 30 days	<input type="text"/>		

**RECOGNIZED NGO's**

No. of NGOs	<input type="text"/>	No. of cases referred	<input type="text"/>
-------------	----------------------	-----------------------	----------------------

**VISIT TO HOMES BY PRINCIPAL MAGISTRATE**

Date of visit:

Remark : .....

.....

.....

**CASES INSTITUTED DURING THE QUARTER:**

	HEINOUS	NOT HEINOUS	TOTAL
a. Number cases			
b. Number of Juvenile			
c. Juveniles granted bail			
d. Juvenile sent to Observation Home			
e. Number of cases where more than 30 days is taken for age determination.			



DETAILS OF LAST JUVENILE JUSTICE BOARD MEETING HELD ON <span style="float: right;">[ ]</span>	
Participants	Summary of Proceedings
<b>COMPLAINT/SUGGESTION, IF ANY, RECEIVED AND ACTION TAKEN</b>	
<hr/> <hr/> <hr/>	
<b>REMARK/SUGGESTION BY BOARD</b>	
a. Principal Magistrate _____	
_____	
b. Member : 1 _____	
_____	
c. Member: 2 _____	
_____	

<b>Principal Magistrate</b>	<b>Member -1</b>	<b>Member -2</b>
-----------------------------	------------------	------------------