



JUVENILE JUSTICE CENTER
— VIGO COUNTY —

Norman E. Loudermilk II
Executive Director

Emergency medical, dental, or mental health care shall be provided as needed and will be the responsibility of the parent/guardian or the county having placement of the detainee.

Any record concerning the detainee may be requested and will be provided to the court having jurisdiction within 48 hours of the request. Any request by a parent/guardian shall be submitted in a written form and will again be given a 48 hour processing period. The confidentiality of the detainee will be considered in every request.

If a detainee commits a crime while being held in the VCJJC a police report shall be filed with the Vigo County Sheriff's Department and possible charges may be filed. We will not tolerate damaging property or committing battery of any kind.

All incidents concerning a detainee shall be documented and a copy provide to the court having jurisdiction.

At the request of the court having jurisdiction, the VCJJC will issue a summary report on the behavior and progress while at the VCJJC.

We will provide transportation to and from appointments and court but a 48 hour notice is required to that staffing levels can be maintained. Due to minimum staffing requirements, transportation will only be on Tuesdays and Thursdays. However we understand that there may be times when appointments are required to be held on a different day. We will make arrangements if this happens.

If the court having jurisdiction transports the detainee to a court hearing and the detainee is released, notification must be given to the VCJJC immediately. Upon discharge from the VCJJC an invoice shall be sent via email to the court having jurisdiction within 72 hours of release.

After accepting the detainee, the VCJJC has the right to terminate placement if there are good and sufficient reasons including but without limitation to the following:

- Acute or violent behavior of the detainee which endangers the health or well-being of the detainee or another resident or staff
- Severe suicidal or self-harming tendencies of the detainee of which are beyond the administrative capabilities of the VCJJC
- Psychotic or severely emotionally disturbed behavior of the detainee which are beyond the administrative capabilities of the VCJJC



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When placing a detainee in the VCJJC the court having jurisdiction understands and agrees that they shall indemnify, and hold harmless Vigo County, the Vigo County Juvenile Justice Center, its employees and agents from any liability with respect to the detention of said juvenile. For normal day to day operations.

Cost is as follows: One (1) 24 hour period is considered a full day: One (1) day per Diem is 125.00
Drug testing: Oral Swab \$15.00 per test
Transport costs: \$28.00 per hour (Cost of two (2) transport officers per hour)

Questions shall be addressed to the Executive Director.

Norman E. Loudermilk, Executive Director
Vigo County Juvenile Justice Center
202 Crawford Street
Terre Haute, Indiana 47807
norm.loudermilk@vigocounty.in.gov
812-231-5667 Office
812-231-5695 Fax
812-208-2961 Mobile





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OUT OF COUNTY

ADULT WAIVER/DIRECT FILE

All information sheets and required attached information must be emailed or faxed to the Vigo County Juvenile Justice Center before any juvenile will be accepted into the facility.

Fax Number: 812-231-4490

Email: andrea.moeller@vigocounty.in.gov

Detainee Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____

Birthdate _____ Age _____ S.S. # _____ - _____ - _____

Parent/Guardian Contact Info _____ Phone _____

Probation Officer _____ County _____

Probation Officer Address _____ City _____ State _____

Probation Officer Phone _____ Email _____

Division of Children's Services Case Worker _____

Phone _____ Email _____

Admission Date / Time _____ Detention Officer _____

Released Date / Time _____ Detention Officer _____

Juvenile Court Charge (s) the juvenile is being held on _____

Adult Court Waived/Direct File Charge (s) _____

**OUT OF COUNTY
ADULT WAIVER/DIRECT FILE
CHECKLIST**

- Copy of originating County Jail book-in packet
- Copy of Charging Information and/probable cause affidavit
- Copy of Criminal History of the juvenile
- Copy of any Behavioral Incidents while in custody
- Copy of all information from Probation Officer through IN-Cite
- Copy of any health records/prescriptions
- Copy of any mental health records
- Contact for last know educational institution
- Copy of Medical/Mental Health waiver and release

ALL ITEMS MUST BE DELIVERED TO THE VCJJC AT THE TIME OF INTAKE.



MEDICAL TREATMENT AND RELEASE OF RESPONSIBILIBTY FORM

This is to certify that the Vigo County Juvenile Justice Center, Terre Haute, Indiana, its administration and agents, have my full and free consent to perform such service, including dental, medical and surgical services as may, in the judgment of competent and licensed doctors, be necessary for the health and general welfare of the above mentioned child. Vigo County Juvenile Justice Center, Terre Haute, Indiana its members and agents, both jointly and severally, are herewith relieved of all legal liability, expressed or implied, which may result from such service.

Parent/Guardian Name

Signature

Date

The child's parent/guardian agrees, to the best of their ability, to pay all expenses of hospital, medical, mental health, surgical and dental care given to the juvenile in question as a usual function of the Vigo County Juvenile Justice Center's health policies and recommended by a licensed physician. It is not the financial responsibility of the Vigo County Juvenile Justice Center or the Vigo County Government or its agents or employees for any costs incurred pertaining to medical, mental health, dental, surgical or any other care provided to the juvenile while being housed and in the custody of the Vigo County Juvenile Justice Center.

Parent/Guardian Name

Signature

Date

Witness Name

Signature

Date

1. Medicaid Number:

2. Medicaid Doctor:

3. Copy of Medicaid Card Provided:

Yes No

4. Insurance Company:

5. Copy of Insurance Card Provided:

Yes No

6. Insurance Policy Number:

7. Family Physician Name:

8. Family Physician Phone Number:

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IN CASE OF AN EMERGENCY CONTACT:

Name:

Name:

Address:

Address:

Phone:

Phone:

Relationship:

Relationship:



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Upon placement in the VCJJC the parent/guardian shall endorse a Consent to treat and indemnification form. This form shall be copied and placed in the detainee's file and a copy given to the parent/guardian as well as the court having jurisdiction.

Placement at the VCJJC require either a court order, warrant, or charging information and petition with charges listed. These document MUST be given to the Intake Officers at the time of Intake or unless prior arrangements have been made with the Shift Supervisor. No detainee shall be accepted into the VCJJC without proper documentation.

The VCJJC does accept direct file/adult waiver holds for other counties however each case will be reviewed on a case by case situation and may only be admitted with the direct written approval of the Executive Director. (Contact information attached)

The following service will be provided to the detainee as part of the per diem costs regardless of the length of stay.

- Food three meals and two snacks daily
- Personal hygiene supplies
- 24 hour adult supervision
- Initial Medical, Mental Health, and dental screenings
- General in-house counselling services through school counselors employed by the Vigo County School Corporation
- Group activities and therapy
- Recreational Programs
- Educational services
- Tutoring and special education programs
- HSE (GDE) preparation

Other programs and services will be provided to the detainee at the request and scheduling of the court having jurisdiction. We will make arrangements to allow visitors for the following services or we will make arrangements to transport the detainee to a facility for these services.

- Psychological and psychiatric evaluations and consultation
- Medical, optical, dental, treatment and corrective measures
- Substance abuse evaluations and therapy
- Sexual and/or child abuse evaluation and therapy
- Individual, group, and family counselling
- Any other diagnostic testing not mentioned