

Colorado Department of Human Service
Division of Youth Services

Statement of Preference Form

Arrest Name:

| | | | |
|-----------|--|-----------------|--|
| Name | | Date | |
| Trails ID | | Biological Sex | |
| D.O.B | | Gender Identity | |

Preferred Identifiers:

| | | | |
|------|--|-------------------|--|
| Name | | Preferred Pronoun | |
|------|--|-------------------|--|

While in the custody of Division of Youth Services, I would prefer to be searched by a staff person of the below indicated sex whenever possible. I understand that this preference will be respected unless the situation is an emergency, there is no one of that sex available, or the failure to conduct a search will jeopardize the safety of the staff or other juveniles.

Staff Gender Preference:

Signatures:

| | | | |
|-----------|--|------|--|
| Juvenile: | | Date | |
|-----------|--|------|--|

Intake Staff:

| | | | |
|-------|--|------|--|
| Staff | | Date | |
|-------|--|------|--|

Action Taken:

| |
|--|
| |
|--|

Collaborative Review Team

| | | | |
|------|--|------|--|
| Name | | Date | |
|------|--|------|--|