

REQUEST FOR SPACE IN THE Western Region Adolescent Services

_____ County requests that the La Crosse County Juvenile Detention Facility hold

(County name)

_____, _____, _____, _____
(Child's name) (Date of birth) (Parent(s) name) (Telephone number)

_____ County acknowledges and agrees to pay to La Crosse County the basic rate of,

(County name)

\$ 195.00 per day for Secure Detention

\$ 135.00 per day for WRAC (nonsecure)

Please circle one

_____ (County name)

pharmaceutical expenses as well as extra staff for suicide watches, medical transport, and guard duties, if the juvenile is hospitalized.

Medical Condition Report / Special instructions: _____

Authorizing Agent: _____

Billing Address: _____

