



# Juvenile Justice Training and Technical Assistance Program

## APPLICATION FOR TECHNICAL ASSISTANCE



Thank you for your interest in the IACP's Juvenile Justice Technical Assistance Program. Please complete all parts of the application. IACP staff will respond to your application within one week of receipt. IACP will assess each request for potential impact, feasibility, and cost. Not all requests for technical assistance can be accommodated due to programmatic and financial limitations.

### Part One: Agency Information

<b>Agency Name:</b>		
<b>Agency Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Sworn Personnel:</b>		<b>Civilian Personnel:</b>
<b>Population Served:</b>		<b>Jurisdiction Square Mileage:</b>
<b>Does your agency have a unit dedicated to addressing juvenile issues/crime?</b>		Yes _____ No _____

### Part Two: Contact Information

<b>Contact Name/Title:</b>	
<b>Mailing Address:</b>	
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	

### Part Three: IACP Juvenile Justice Training History

Please check IACP trainings in which members of your agency have participated (if applicable):

<input type="checkbox"/> <b>Juvenile Interview &amp; Interrogation</b>	<b>Date:</b> _____ <b>Location:</b> _____
<input type="checkbox"/> <b>Law Enforcement Responses to Adolescent Girls</b>	<b>Date:</b> _____ <b>Location:</b> _____
<input type="checkbox"/> <b>Partnerships for Safe Schools</b>	<b>Date:</b> _____ <b>Location:</b> _____
<input type="checkbox"/> <b>Reclaiming Our Youth/Tribal</b>	<b>Date:</b> _____ <b>Location:</b> _____
<input type="checkbox"/> <b>Other</b>	<b>Date:</b> _____ <b>Location:</b> _____

## **Part Four: Needs Assessment**

**Please describe the type of technical assistance you are requesting:**

*Choose **up to three** areas for one topic:*

### **Juvenile Interview & Interrogation:**

- Analyzing Behavior
- Developing Rapport
- Interview Techniques
- Interrogation Techniques
- Documentation Strategies
- Other \_\_\_\_\_

### **Law Enforcement Responses to Adolescent Girls**

- Identifying Risk Factors for Girls' Pathways to Delinquency
- Interpreting Adolescent Girls' Behavior
- Interacting and Communicating Effectively
- Identifying Evidence-based, Gender-responsive Programs and Resources
- Other \_\_\_\_\_

### **Safe School Planning:**

- Creating Teams/Forming Partnerships
- Assessing Your School's Safety
- Critical Incident Response – Prevention & Preparation
- Critical Incident Response – Response
- Critical Incident Response – Recovery
- Evaluating Your School Safety Plan
- Other \_\_\_\_\_

### **Reclaiming Our Youth/Tribal:**

- Identifying Community Needs
- Identifying Community Partners
- Identifying Resources & Assets
- Developing Strategies
- Evaluating Action Plan
- Planning for Community Buy-in
- Other \_\_\_\_\_

**1. What specific issues would you like to address through this technical assistance?**

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**2. What do you hope to achieve as a result?**

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**3. Would you like to request a certain technical assistance provider (if applicable)?**

Yes     No

If yes, who? \_\_\_\_\_

*\*We will do our best to provide assistance from the requested individual, however, we cannot guarantee their availability and may utilize alternative providers.*

**Part Five: Authorization Signature**

**Chief or Chief Representative (CEO/Executive Director of non-law enforcement agency) signature required for technical assistance consideration through this program.**

**Name (print):**

**Title:**

**Signature:**

**Date:**

You may submit this request via e-mail or fax to the Juvenile Justice Training and Technical Assistance Project:

**E-MAIL:** juvenilejustice@theiacp.org

**FAX:** 703-684-5728

**PHONE:** 1-800-THE-IACP x 831 or x 842

*IACP Use Only*

<b>Date Request Received:</b>	<b>Date Reviewed:</b>
<b>Date Approved:</b>	<b>Assigned to:</b>
<b>Current Status:</b>	
<b>Date Completed:</b>	