

JUVENILE COURT COMPLAINT FORM (INTAKE SERVICES)

Office Use Only: Date: _____ Time: _____ Screener: _____

Misdemeanor: _____ Felony: _____

Log # _____ FILE #: _____

Name of Child You Are Filing Charges Against: _____ IF UNKNOWN LEAVE BLANK

Birth Date: _____ IF UNKNOWN LEAVE BLANK Sex: _____ Race: _____ Age: _____

Address: _____ IF UNKNOWN LEAVE BLANK Apt: _____ Phone: _____

City _____ IF UNKNOWN LEAVE BLANK Zip _____

Parent's/Guardian's Name: _____ IF UNKNOWN LEAVE BLANK

Child's School: _____ IF UNKNOWN LEAVE BLANK Grade: _____

Victim's Relationship to child: _____ IF UNKNOWN LEAVE BLANK

VICTIM'S NAME: _____ AGE OF VICTIM: _____

POLICE COMPLAINT NUMBER: _____ (Required)

1. Date that this happened: _____

2. Address where this happened: _____

3. Time this took place: _____ AM PM

4. Co-defendants: Yes/No: Name(s) _____

5. Injuries: Yes/No: (explain) _____

6. Where was treatment received?: _____

7. **Medical Expenses** not covered by Insurance: Yes/No Amount: \$ _____

8. **Damages to property?** Yes/No: (explain) _____

Written Estimates: Yes/No Amount: \$ _____ Receipts: Yes/No

9. Was the defendant arrested?: Yes/No When: _____

10. Witnesses: (list below)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

11. How would you like the court to help? (circle one): Petition Mediation Counseling

PLEASE EXPLAIN IN DETAIL WHAT THIS CHILD DID:

Lined area for writing an explanation.

Today's DATE: _____ TIME: _____
Print Your Name: _____
Signature: _____
Mailing Address: _____
Phone: _____ Work: _____ Employer: _____