



JUVENILE:

Affiant Information

Affiant Name:
Address:
City/State/Zip:
Telephone: ()

First Name	Middle Name	Last Name	Gen.
Address:			
City/State/Zip:			
Telephone: ()			

JUVENILE IDENTIFICATION INFORMATION

RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB #1: / /	Place of Birth for DOB #1:	DOB #2: / /
EYE COLOR <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> XXX (Unknown)		HAIR COLOR: <input type="checkbox"/> BLK (Black) <input type="checkbox"/> WHT (White) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> PLE (Purple) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> RED (Red/Auburn) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLN (Blonde/Strawberry) <input type="checkbox"/> XXX (Unknown/Bald)		WEIGHT (lbs.) Ft. HEIGHT In.	
Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO		Provided By:			
Fingerprints taken? <input type="checkbox"/> YES <input type="checkbox"/> NO		Photographs taken? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE/TIME TAKEN INTO CUSTODY BY POLICE			DATE/TIME ADMITTED TO DETENTION		
NAMES AND AGES OF CO-CONSPIRATORS:			NAME AND ADDRESS OF GUARDIAN, OR IF UNKNOWN, NAME AND ADDRESS OF NEAREST ADULT RELATIVE:		

Inchoate Offense	<input type="checkbox"/> Attempt 18 901A	<input type="checkbox"/> Solicitation 18 902A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575A				
<input type="checkbox"/>	Lead?	Offense#	Section	Subsection	of the	PA Statute (Title)	Counts	Grade	JOTN	NCIC Offense Code	UCR/NIBRS Code

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Acts of the accused and location associated with this Offense:

I, _____ represent that it is in the best interest of the juvenile
Affiant (print or type)
and the public that the proceedings be brought, and the juvenile is in need of treatment, supervision, or rehabilitation.

- 1. I allege that the above named juvenile who lives at the address set forth above
 I allege that the juvenile whose name is unknown to me but who is described as

I allege that the juvenile whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

has violated the penal laws of the Commonwealth of Pennsylvania at _____ in _____ County
subdiv. code place-polictical sub div.

on or about _____ Day - Date and Time

- 2. This allegation is comprised of the preceding page, as well as the attached pages that follow, numbered _____ through _____ specifying offenses.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Acts(s) of the Assembly, or in violation of the statutes cited or in violation of an ordinance of a political subdivision.

_____, _____, _____ (Signature of Affiant)
Month Day Year
_____, _____ (Title of Affiant)

JUVENILE NAME: _____

JOTN: _____

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

AFFIDAVIT OF PROBABLE CAUSE

I verify that the facts set forth in this petition are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S § 4904) relating to unsworn falsification to authorities.

SIGNATURE OF AFFIANT: _____ **DATE:** _____

TITLE OF AFFIANT: _____

JUVENILE NAME: _____

JOTN: _____

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

ADDITIONAL CHARGES

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