

**Clarksville
Police
Department**

**Juvenile
Information**

LAST NAME	FIRST NAME	MIDDLE NAME	ARREST NUMBER	
STREET ADDRESS	CITY / TOWN	STATE	ZIP	
PHONE NUMBER	SEX	RACE	HEIGHT	WEIGHT
			HAIR	EYES
DATE OF BIRTH	AGE	SOCIAL SECURITY	SCHOOL	GRADE

**Family
Information**

FATHERS NAME	MOTHERS NAME	LIVING WITH (LIST NAME)
ADDRESS		
ANOTHER ADDRESS OF JUVENILE, SPECIFY FAMILY, FRIEND, ETC.		

**Charges &
Complaintant**

CHARGES, DELINQUENCY TO WIT

DATE OF ARREST (MONTH/DAY/YR)	TIME OF ARREST	LOCATION OF ARREST
MISDEMEANOR	FELONY	
COMPLAINANTS NAME	ARRESTING OFFICER	
COMPLAINANTS ADDRESS	MONTH OF ARREST (SPELLED OUT)	

CHARGE	I.C. CODE	MISD / FELONY

**Detention /
Notifications**

PLACED IN DETENTION (Y/N)	DATE	TIME
PARENTS NOTIFIED (Y/N)	PARENTS NOT NOTIFIED BECAUSE: (If more room needed, explain in narrative)	

Narrative

**DESTROY THIS SHEET
DO NOT TURN IN**

VERIFIED LAW ENFORCEMENT NARRATIVE JUVENILE DETENTION

DATE: _____

OFFICER: _____ AGENCY: _____

JUVENILE: _____ AGE: _____ DOB: _____

SS#: _____ PARENT / GUARDIAN(S): _____

ADDRESS: _____

PHONE: _____ HGT: _____ HAIR: _____ EYES: _____ RACE: _____ WGT: _____

DELIQUENT ACTS: _____

MISDEMEANOR: _____ FELONY: _____

JUVENILE IN NEED OF SERVICES: _____

That the undersigned being duty affirmed upon his / her oath finds probable cause that said juvenile is a delinquent youth **and that:**

Secure Detention:

Youth Shelter:

- 1) the juvenile is unlikely to appear before the court for subsequent proceedings:
- 2) the juvenile has committed an act that would be murder or a class A or B Felony if committed by an adult:
- 3) detention is essential to protect the juvenile or community:
- 4) the parent, guardian, or custodian cannot be located or is unwilling to take custody of the juvenile:
- 5) the juvenile has a reasonable basis for requesting that he / she not be released:

NARRATIVE

A large, empty rectangular box with a thin black border, intended for the user to write a narrative.

I affirm under the penalties of perjury that the foregoing is true and accurate to the best of my ability:

DATE: _____

NAME: _____

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED BY THE COURT, that probable cause for the continued detention of said juvenile:

- Does NOT exist and that said juvenile shall be immediately released from custody to the appropriate parent, guardian, or custodian.

- Does exist and that said juvenile shall be detained in the appropriate facility pending a detention hearing.

SO ORDERED on this _____ day of _____, 20____.

Judge / Court

IN THE MATTER OF

IN THE CLARK CIRCUIT COURT NO. 4

CHILD ALLEGED TO BE A
DELIQUENT CHILD

CAUSE NO.

PROBABLE CAUSE OF WARRANTLESS DETENTION

_____ Affirms that he believes and has good cause to believe that on the _____ day
of _____, 20 ____ in the County of Clark in the State of Indiana. _____

_____ committed the delinquent act (s):

My belief is based upon the facts and information constituting probable cause as set forth in the attached offense arrest report(s) prepared by me and incorporated by reference as part of this affidavit.

I, AFFIRM, UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

DATE: _____

NAME: _____

Clarksville Police Department

STATE OF INDIANA)
) SS:
COUNTY OF CLARK)

IN THE CIRCUIT COURT NO. 4
JUVENILE JURISDICTION

IN THE MATTER OF _____ A JUVENILE UNDER THE AGE OF 18.

We the undersigned parent, guardian of _____ living at
_____ who is _____ years of age, do

hereby promise to appear in the Probation department of Clark Circuit Court #4.

**YOU WILL BE NOTIFIED BY US MAIL WHEN TO
APPEAR WITH YOUR JUVENILE**

This promise to appear was obtained through:

- INTAKE / SHIFT SUPERVISOR
- POLICE OFFICER PURSUANT TO INDIANA STATUTE

**FAILURE TO APPEAR WHEN NOTIFIED WILL RESULT IN A WARRANT BEING ISSUED FOR
THE JUVENILE AND THE PARENT, OR GUARDIAN, OR THE CUSTODIAN COULD BE HELD IN
CONTEMPT OF COURT.**

DATED THIS _____ DAY OF _____, 20 _____.

WITNESS TO SIGNATURE

PARENT / GUARDIAN OR CUSTODIAN

Clark Circuit Court No. 4 Probation Department
Room 249 City-County Building
Jeffersonville, IN 47130
812-285-6300

RELATIONSHIP TO JUVENILE

Clarksville Police Juvenile Arrest Report

Arrest #: _____

Name of Juvenile: _____
(last) (first) (middle)

Address: _____

Phone: _____ Sex: _____ Race: _____ Height: _____ Hair: _____ Weight: _____

Eyes: _____ Date of Birth: _____ Social Security #: _____

School: _____ Grade: _____

Father: _____ Mother: _____ Living With: _____

(Address):

(Another address of Juvenile, specify if it is family, friend, etc.)

Charges, Delinquency to wit: _____

(Date of Arrest) (Time) (Location)

Complaint's Name: _____

Address: _____

Arresting Officer: _____

Placed in Detention (Yes / No): _____ Date: _____ Time: _____

Parents not notified because: _____
(If more room needed explain in narrative)

Parents Notified (Yes / No): _____

- () Cited to Juvenile Probation (Promise to Appear signed and attached)
- () Cited to Youth Officer (Promise to Appear at Police Department Attached)

Juvenile Released to: _____
(Signature) (Date) (Relationship) (Place relationship above if other parent)

***** SEE ATTACHED NARRATIVE *****