

PROBABLE CAUSE SHEET

TODAY'S DATE: Click here to enter a date.

CHILD'S NAME: Click here to enter text. DOB: Click here to enter text.

AGE: Choose an item. SEX: Choose an item. RACE: Choose an item.

HEIGHT: Click here to enter text. WEIGHT: Click here to enter text.

HAIR: Choose an item. EYES: Choose an item.

CHILD LIVES WITH: Click here to enter text.

ADDRESS: Click here to enter text. APT # Click here to enter text.

SCHOOL: Click here to enter text.

MOTHER'S NAME: Click here to enter text.

MOTHER'S ADDRESS: Click here to enter text. APT # Click here to enter text.

MOTHER'S PHONE: HOME/CELL: Click here to enter text. WORK: Click here to enter text.

FATHER'S NAME: Click here to enter text.

FATHER'S ADDRESS: Click here to enter text. APT # Click here to enter text.

FATHER'S PHONE: HOME/CELL: Click here to enter text. WORK: Click here to enter text.

PARENT'S MARITAL STATUS: Click here to enter text.

LEGAL CUSTODIAN'S NAME: Click here to enter text.

CUSTODIAN'S ADDRESS: Click here to enter text. APT # Click here to enter text.

CUSTODIAN'S PHONE HOME/CELL: Click here to enter text. WORK: Click here to enter text.

YOUR NAME: Click here to enter text.

YOUR ADDRESS: Click here to enter text.

YOUR PHONE: HOME/CELL: Click here to enter text. WORK: Click here to enter text.

DATE(S) OF OFFENSE(S): Click here to enter text. TIME OF OFFENSE(S): Click here to enter text.

LOCATION OF OFFENSE(S): Click here to enter text.

VICTIM'S NAME: Click here to enter text.

VICTIM'S ADDRESS: Click here to enter text. APT # Click here to enter text.

VICTIM'S PHONE: HOME/CELL: Click here to enter text. WORK: Click here to enter text.

SELECT ONE

Have you ever filed a Juvenile Court complaint before against this child? Yes No

Has this child or his/her guardian ever filed a Juvenile Court complaint or warrant against you or your child? Yes No

Have you already filed a Juvenile Court complaint against other children regarding this same incident? Names: Click here to enter text. Yes No

Have you ever asked that a Juvenile Court complaint/petition de dismissed? Yes No

If you were injured as a result of this child's actions, describe injuries: Click here to enter text.

If property was damaged or stolen by this child, **identify** the property and its **value**, including the **year**, **make** and **model** (ONLY) if the property was a **vehicle**: Click here to enter text.

If the child used profane language (curse words) or threats toward the victim, what words were said? Click here to enter text.

List names, addresses and phone numbers of any **witnesses** to this incident.

Click here to enter text. Eyewitness? Yes No

Click here to enter text. Eyewitness? Yes No

Click here to enter text. Eyewitness? Yes No

Write a **DETAILED** summary of the events regarding this incident in the following space.

Click here to enter text.