**JD Referral Page 1 of 2**

A Juvenile Delinquent is defined as a person over seven and less than eighteen years of age who has committed an act that would constitute a crime if committed by an adult.

**Qualifiers:** **Level of offense**:  **Felony** (See Below) **Misdemeanor** (If Misdemeanor, proceed with this Referral)

**If Felony, is respondent under sixteen?**  **Yes** (If yes, proceed with this Referral)

**No** (If no, proceed with AO Arrest/Consult District Attorney)

Respondent’s Name:

|  |  |  |
| --- | --- | --- |
|  |  |  |

(Last Name) (First Name) (M.I.)

|  |  |
| --- | --- |
| Address: |  |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Birth Date: |  | Race/Ethnicity: |  | Gender: |  | Current Grade: |  |

Father’s Name and Address: Mother’s Name and Address:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Cell Phone: |  | |  | Cell Phone: |  | |
| Work Phone: | |  |  | Work Phone: | |  |

|  |  |  |
| --- | --- | --- |
| Guardian’s Name and Address: |  |  |
|  |  | Child’s household includes: Mother Father |
|  |  | Stepmother Stepfather Other: |
|  |  |  |
| Cell Phone: |  |  |
| Work Phone: |  |  |

|  |  |
| --- | --- |
| Arresting Agency: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Officer Name/Title: |  |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Crime | Arrest Date | Crime Title | Section |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other persons involved (Co-respondents, Victims, and Witnesses):**

**(Please star \* those individuals who were arrested)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB | NYSID (if applicable | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**JD Referral Page 2 of 2**

**MATERIALS INCLUDED:**

Referral **must** include the following documentation (please check):

Arrest Report

Appearance Ticket

Respondent signed statement (Admission if applicable)

Co-respondent signed statement(s)

Witness signed statement(s) and current contact information

Victim Statement(s) and current contact information

Date Printed \_\_\_\_\_\_\_\_\_\_\_\_ NYSID \_\_\_\_\_\_\_\_\_\_\_\_ CJTN \_\_\_\_\_\_\_\_\_\_\_\_

**Note**: Respondents age 13-15 accused of any felony level offense, and respondent’s age 11 and 12 accused of class A and B felonies, **must** be fingerprinted

**RECOMMENDATION:**

Intake Diversion (handled directly by Probation) **OR**  Petitioned immediately to Family Court

Detention  is not recommended  is recommended

Provide rationale for requests:

CPS Report made?  Yes  No Date Made:       Report Accepted?  Yes  No

Does the arresting agency have a history of responding to calls regarding the respondent?  Yes  No

If yes, please explain:

Signature and Title of person completing this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Title Date**

**Note**: According to FCA § 307.1 (3) complete packet must be forwarded to the Probation department within twenty-four (24) hours of the issuance of appearance ticket. Faxes and emails are acceptable; however, originals must reach our Department within five (5) business days.