**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.