*Juvenile Offender*

A P P E A R A N C E T I C K E T

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To: | | **Respondent** |  | **Parent** |  |
| Address: | |  |  |  |  |
| City, State, Zip: | |  |  |  |  |
|  | |  |  |  |  |
| **Juvenile Offender**- YOU AND EACH OF YOU ARE HEREBY DIRECTED TO APPEAR on the      day of      20     at      am/pm at the Youth Part (County) County Court. | | | | | |

In connection with the following crime(s) committed by the respondent who is       years of age:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Crime** | **Section and Law** | **Time** | **Date** | **T/V** |
|  |  |  |  |  |
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Issuing Member Signature/#

9/2018