

Concerns/Cautions

- Weapon(s)
- Gang-related
- Drugs
- Violence
- Fights w/Police
- Flight Risk
- Sex Offense
- Mental Health
- Interpreter needed
- Language _____

DUPAGE COUNTY
Juvenile Data Sheet

Arresting Agency

Referring Officer & Badge #

Phone #

Email address

Disposition/Recommendations

If you have determined the juvenile is NOT eligible for Parent to Handle, OV ticket, Peer Jury or Station Adjustment then refer for:

- Preliminary Conference
- Petition/Direct File to Court

Felony cases:

- Felony Screening completed

If SAO assigned court date:

Date

Courtroom

Document Control # _____

Complaint/Report # _____

JUVENILE (Youth # _____ of _____)

FOR SAO ONLY - PC/VOC Approved by ASA _____ Date _____

Last Name _____ First Name _____ Middle/Suffix _____ Age _____ DOB _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Home # _____ Cell/Pager# _____ Work # _____ Other #/Email _____

Place of Birth _____ Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eye _____ SS# _____

DL # _____ DL State _____ Tattoos etc. _____

Alias Last Name _____ First Name _____ Middle/Suffix _____ Age _____ DOB _____

School Name _____ Grade _____ Special Education? Yes ___ No ___ For What Reason? LD BD ED

OFFENSE (S)

ILCS# (S)

_____ # _____ Date _____ Time _____

_____ # _____ Date _____ Time _____

_____ # _____ Date _____ Time _____

_____ # _____ Date _____ Time _____

(If more attach separate sheet(s))

PARENTS/GUARDIANS

Please include information for **both** biological (or adoptive) parents, even if parent does not reside with juvenile.

FATHER _____ D.O.B. _____ SS# _____

Last First MI

Address _____ City _____ State _____ Zip _____

Home # _____ Cell/Pager# _____ Work # _____ DL#: _____

MOTHER _____ D.O.B. _____ SS# _____

Last First MI

Address _____ City _____ State _____ Zip _____

Home # _____ Cell/Pager # _____ Work # _____ DL#: _____

STEP-PARENT _____ D.O.B. _____ SS# _____

(if resides with minor) Last First MI

GUARDIAN _____ D.O.B. _____ SS# _____

Last First MI

Address _____ City _____ State _____ Zip _____

Home # _____ Cell/Pager # _____ Work # _____ DL#: _____

VICTIMS

Attach/enclose loss documentation from victim(s) when referring for Preliminary Conference or to Court!

Victim(s) Name(s)	Address	TX #'s	**Amount of Loss** __ Restitution Docs attached
1.) _____	_____	_____	_____
(Name of parent / guardian if victim is a juvenile)		(Home/Cell/Pager/Work/ Other/Email)	
2.) _____	_____	_____	_____
(Name of parent / guardian if victim is a juvenile)		(Home/Cell/Pager/Work/Other/Email)	
3.) _____	_____	_____	_____
(Name of parent / guardian if victim is a juvenile)		(Home/Cell/Pager/Work/Other/Email)	
4.) _____	_____	_____	_____
(Name of parent / guardian if victim is a juvenile)		(Home/Cell/Pager/Work/Other/Email)	

ACCOMPLICE (S)

Name	D.O.B./Age	Disposition (OV Ticket/Station Adj./Prelim. Conf/Court/Detention)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR POLICE CONTACTS

Date	Offense	Incident #	Police Dept.	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If CJIS (JUST) or local PD printout attached, please include dispositions.)

Is Juvenile a Gang Member? Yes _____ No _____ Name of Gang _____

Fingerprints Taken? Yes _____ No _____ Submitted to ISP? Yes _____ No _____ Date _____

(State Law requires Fingerprint Cards be completed on **all** felonies! Make sure to include copy #2 & #3 of Fingerprint Card form with the police report(s) you send to Probation)

Date and Time Parents Notified _____ Notified by whom? _____

Date and Time of Release _____ Released by Whom? _____

Released To _____ Relationship _____

Drug/Alcohol or Physical/Sexual Abuse or Dom. Viol. (circle) by Juvenile _____ by Parent _____ by Other _____

Reporting Officer(s) _____ Youth Officer _____

Supervisor Approval _____

You must submit two sets of data sheets and police reports for each juvenile offender and include copy #2 & #3 of fingerprint card with one of the copies. Three sets for juveniles who are detained Duplicate copies send to: DuPage County Juvenile Probation ATTN: Support Staff 503 N. County Farm Road, Wheaton, IL 60187; Triplicate copies for detained youths are delivered, with the juvenile, to the Detention Center.