

# GEAUGA COUNTY JUVENILE FACT SHEET

NAME:	SEX:	PHONE:	CELL PHONE:
ADDRESS:	RACE:		HOW ARRESTED: __ ON VIEW __ WARRANT
CITY:	AGE:	CHARGE:	DATE OF ARREST:      TIME:
STATE:                      ZIP:	DOB:	CHARGE:	DATE COMMITTED:
SCHOOL / EMPLOYER:	GRADE:	CHARGE:	WHERE COMMITTED:

ASSOCIATES INVOLVED	COMPLAINANT INFO	NOTIFICATION	MISC
NAME:                      AGE:	NAME:	PARENTS NOTIFIED __ YES __ NO	JOB & FAMILY SERVICES INVOLVED?
NAME:                      AGE:	ADDRESS:	DATE NOTIFIED:	CASEWORKER:
NAME:                      AGE:	PHONE:	TIME NOTIFIED:	MISC:

PERSONAL INFORMATION	PHYSICALS	OTHER	MISC
SOCIAL SECURITY NUMBER:	HEIGHT:	EYES:	GLASSES:
DRIVER'S LICENSE NUMBER:	WEIGHT:	HAIR:	SCARS, MARKS, OTHER:
NICKNAME:	BUILD:	HAIR STYLE:	CITIZEN OF US:
PRIOR RECORD: __ YES __ NO	WHAT DEPARTMENT?	ON PROBATION? __ YES __ NO	PROBATION OFFICER:
			WHAT COUNTY?

FATHER - LIVING / DECEASED	MOTHER - LIVING / DECEASED	SIBLINGS
NAME:	NAME:	NAME:      AGE:
ADDRESS:	ADDRESS:	NAME:      AGE:
BUSINESS:	BUSINESS:	NAME:      AGE:
PHONE:                      ALT PHONE:	PHONE:                      ALT PHONE:	NAME:      AGE:

PARENTS MARITAL STATUS:  LIVING TOGETHER  SEPARATED  DIVORCED  2ND MARRIAGE #  BROTHERS #  SISTERS

SUBJECT'S ATTITUDE	<input type="checkbox"/> EXCITED <input type="checkbox"/> HILARIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> CAREFREE <input type="checkbox"/> SLEEPY <input type="checkbox"/> PROFANITY <input type="checkbox"/> COMBATIVE <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> INSULTING <input type="checkbox"/> COCKY <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> POLITE <input type="checkbox"/> OTHER: _____
SPEECH	<input type="checkbox"/> NOT UNDERSTANDABLE <input type="checkbox"/> MUMBLED <input type="checkbox"/> SLURRED <input type="checkbox"/> MUSH MOUTHED <input type="checkbox"/> CONFUSED <input type="checkbox"/> THICK TONGUED <input type="checkbox"/> STUTTERED <input type="checkbox"/> ACCENT <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> OTHER: _____
UNUSUAL ACTIONS	<input type="checkbox"/> HICCOUGHING <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER: _____
PARENT'S ATTITUDE	<input type="checkbox"/> POOR <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> HOSTILE <input type="checkbox"/> OTHER: _____

REFERRED TO COURT                       REFERRED TO DIVERSION                       WARNED & RELEASED

FINGERPRINT INFORMATION:  ORIGINAL CARD & 2-71 FORM ATTACHED     REFUSED     NOT REQUIRED

OFFICER MAKING REPORT:	SHIFT OFFICER:
AGENCY:	DATE: