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Fee Type:_____
Payment:_____
Date:_____

Client Information – Juvenile Division

Juvenile's Full Name:_____ DOB:_____

Case Number (it will begin with 04JV or 72JV):_____ SSN:_____

Mailing Address:_____ Apt:_____

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

Name of Parent/Guardian:_____

Email Address of Parent/Guardian:_____

Phone 1: (_____)_____ Phone 2: (_____)_____

Cited or Arrested?:_____ Date of Citation or Arrest: _____

Age of Juvenile at the time of alleged offense: _____ Has Juvenile made a Court Appearance? ____

Previous Court Date: _____ Next Court Date: _____

Violation or Offense Charged:_____

_____

Co-Defendants? Y / N If yes, List all Co-Defendants:

_____

_____

_____

Referred By:_____

Today's Date:_____