

Required Forms

- Juvenile Detention Disposition Report (JUS 8716 Form)
- Initial Report
- Signed Probable Cause (In Custody)
- Supplemental Report (if applicable)
- Riverside County Law Enforcement Agencies Confidential Advisement (if applicable)
- Other

**RIVERSIDE COUNTY PROBATION DEPARTMENT
APPLICATION FOR JUVENILE COURT PETITION**

Felony
 Misdemeanor

LAW ENFORCEMENT FILE NO.
Department
<input type="checkbox"/> STAR

Legal Name: _____
Last First Middle

D.O.B: _____ Sex: Male Female Race: _____ CII #: _____
MM/DD/YYYY

Legal Address: _____
Street City State Zip

Mailing/Social Worker Address: _____
Street City State Zip
(if different)

Father: _____ Primary Phone: () _____ Secondary Contact: _____
Street City State

Mother: _____ Primary Phone: () _____ Secondary Contact: _____
Street City State

Youth Lives With (if not parent): _____
Street City State Zip

Relation: _____ Primary Phone: () _____

Social Worker: _____ Primary Phone: () _____ Secondary Contact: _____

School: _____ Grade: _____ Location of Youth:

Offense(s): _____ Date Occurred: _____ Home

_____ Date of Arrest: _____ In Juvenile Hall

_____ Time of Arrest: _____ Other: _____

Juvenile Co-Participant(s): Yes No

Did youth report current or past suicidal ideation/thoughts? Yes No (In-Custody Only) Comments: _____

I hereby request the Probation Officer to file a Juvenile Court Petition on behalf of the above named youth. I hereby certify that the facts contained herein are true, to the best of my knowledge, and that I will testify to these facts in court if requested.

Date	Referring Officer (PRINT)	Badge No.	Officer Phone #/E-mail	Signature (required)
PROBATION USE ONLY				
A. RECORD CHECK INFORMATION <input type="checkbox"/> No Record CID: _____ Pending Court Date: _____ <input type="checkbox"/> Probation Active <input type="checkbox"/> Probation Inactive Probation Type: _____ 600 J-No.: _____ Assigned P.O.: _____ 300 J-No.: _____				
Referrals: <input type="checkbox"/> Prior <input type="checkbox"/> Pending CASE #: _____ (Date & Dispo/Status) _____				
B. ROUTING D.A. Advisory Only _____ 2 nd D.A. Advisory _____ TYPE REFERRAL: <input type="checkbox"/> Met 653.5 WIC <input type="checkbox"/> Ineligible for 654 WIC Petition Requested On: <input type="checkbox"/> In-Custody <input type="checkbox"/> Initial <input type="checkbox"/> Out-Custody <input type="checkbox"/> Subsequent <input type="checkbox"/> In-Custody Another Matter <input type="checkbox"/> Reactivated <input type="checkbox"/> Home Supervision <input type="checkbox"/> Warrant Requested				
				Probation Date Stamp Juvenile Hall Time Stamp
DISTRICT ATTORNEY USE ONLY				
<input type="checkbox"/> File <input type="checkbox"/> Refer to Probation for Discretionary Handling <input type="checkbox"/> Interest of Justice A. APPROVED CHARGES DA File No.: _____ Ct. Fel. / Misd. Charge Date Occurred 1. <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Enhancement: _____ <input type="checkbox"/> Special Allegations: _____ 2. <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Enhancement: _____ <input type="checkbox"/> Special Allegations: _____ 3. <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Enhancement: _____ <input type="checkbox"/> Special Allegations: _____ 4. <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Enhancement: _____ <input type="checkbox"/> Special Allegations: _____				
B. LEGAL SUFFICIENCY DOES NOT EXIST DUE TO: <input type="checkbox"/> Lack of Corpus <input type="checkbox"/> Lack of Evidence <input type="checkbox"/> Other (See Remarks) C. LEGAL SUFFICIENCY MAY BE ESTABLISHED UPON RECEIPT OF: <input type="checkbox"/> Additional Report (See Remarks) <input type="checkbox"/> Other (See Remarks) Remarks: _____				
_____ Date Deputy District Attorney (required)				