

CCR NUMBER	CITATION DATE (mm-dd-yyyy)	CITATION TIME (Military)
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LAST NAME	FIRST	MIDDLE	ALIAS
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HOME ADDRESS	CITY, STATE, ZIP CODE	CELL PHONE (111-222-3333)	HOME PHONE (111-222-3333)
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FLORIDA DL / ID OR SCHOOL STUDENT ID #	SCHOOL
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RACE	SEX	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SCARS, MARKS, TATTOOS
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CO-OFFENDER IN CASE (IF APPLICABLE) – (NAME: LAST, FIRST, MIDDLE) ☐ N/A

The undersigned Officer certifies that he has probable cause to believe the above referenced Juvenile Offender committed the following delinquent act:

CHARGE	IN VIOLATION OF STATE STATUTE/M.O.
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MONTH	DAY	YEAR	AT - TIME	AT - LOCATION (ADDRESS)	CITY, STATE, ZIP CODE
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[illegible]

JUVENILE OFFENDER'S PARENT AND/OR GUARDIAN	VICTIM
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NAME: LAST, FIRST, MIDDLE	NAME: LAST, FIRST, MIDDLE, OR BUSINESS

HOME ADDRESS	ADDRESS	<input type="checkbox"/> DECLINED

CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
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DATE OF BIRTH	SEX	PHONE (111-222-3333)	PHONE (111-222-3333) <input type="checkbox"/> DECLINED
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NOTIFICATION: <input type="checkbox"/> IN PERSON <input type="checkbox"/> VIA TELEPHONE <input type="checkbox"/> OTHER	
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ACKNOWLEDGEMENT OF JUVENILE OFFENDER

I am being offered the opportunity to participate in the Juvenile Civil Citation Program ("the Program") through Teen Court pursuant to Florida Statutes, section 985.12. I understand that Teen Court will make the final determination if I am eligible to participate in the Program.

I admit that I am guilty of the offense(s) referenced above as part of my agreement to participate in the Program.

_____ (Juvenile) _____ (Parent/Guardian)

I enter into this agreement freely and voluntarily.

I agree that my case will be addressed through the Program and that I will comply with all the services and sanctions imposed by the Program.

I understand that if I do not comply with the requirements of the Program, I will be rejected from the Program and will be subject to prosecution for the offense(s) referenced in this Citation. I understand that I may reject the Juvenile Civil Citation or the Program at any time for which I may be subject to prosecution for the offense(s) referenced in this Citation.

I understand that if I am arrested for any offense(s) prior to the completion of the Program regardless of whether the State decides to prosecute the new offense(s), I may be rejected by the Program and may be subject to prosecution for the offense(s) referenced in this Citation.

I understand that I will be required to pay restitution to the victim in the amount of \$ _____.

_____ (Juvenile) _____ (Parent/Guardian)

OR

I understand that restitution cannot be determined at this time, but is due and owing. I understand that the Teen Court through the Program will determine the appropriate amount of restitution to be paid and that the requirement to pay restitution will be included within the sanctions imposed by Teen Court.

_____ (Juvenile) _____ (Parent/Guardian)

I understand that my Parent or Guardian and I will be contacted by Teen Court within six (6) days of the issuance of this Citation to set an appointment. I understand that if my Parent or Guardian and I fail to set an appointment or fail to attend the scheduled appointment that I may be rejected from the Program.

I acknowledge and understand the information referenced above concerning the issuance of a Juvenile Civil Citation.

Signature (Juvenile Offender)

Printed name

Contact number

PARENT/GUARDIAN

I understand that Teen Court will call within six (6) days to schedule an appointment that I will be required to attend.

I understand that if an appointment is not scheduled or we do not attend the appointment, the Juvenile Offender may be rejected from the Program and subject to prosecution for the offense(s) referenced in this Juvenile Civil Citation.

Signature (Parent/Guardian)

Printed name

The parent/Guardian was notified by _____ on _____

VICTIM

I understand that a Juvenile Civil Citation has been issued to the referenced Juvenile Offender. I understand that if I disagree with the issuance of the Citation that I may file a written objection with Teen Court within three (3) business days of the issuance of the Citation. To file a written objection, or for more information about how to file a written objection, please contact the appropriate Teen Court: Clay County JCCO@clayclerk.com or (904) 278-3602; Duval County jccobjection@coj.net; or (904) 255-1030; Nassau County JCCO@nassauclerk.com or (904) 548-4611. I understand that the Teen Court will make the final determination regarding whether the Juvenile Offender is eligible to participate in the Program.

I have been informed with regard to filing an objection.

_____ (Initials)

OFFICER

I determined the Juvenile Offender's eligibility by ☐ CJNET or communication with ☐ _____ Department Juvenile Justice.
____ (Officer)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ | _____

SIGNATURE	OFFICER FIRST/MIDDLE INITIALS	LAST NAME (PRINT)	ID 	
SIGNATURE	SUPERVISOR FIRST/MIDDLE INITIALS	LAST NAME (PRINT)	ID 	

Right Thumb Print

White - Supervisor

Green - Parent or Guardian of Defendant

Yellow - Defendant

Pink - Victim