

MYCIDS UCID NUMBER: _____ LOCAL CAUSE NUMBER: _____

VIOLATION COMPLAINT QUESTIONNAIRE

NAME OF COMPLAINANT: _____

ADDRESS: _____

PHONE: _____

COMPLAINANT RELATIONSHIP TO YOUTH: _____

PLEASE ANSWER THE QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE:

1. NAME OF JUVENILE: _____

2. JUVENILE'S FULL ADDRESS INCLUDING CITY AND ZIP CODE:

3. JUVENILE'S PHONE NUMBER: _____ HOME _____

MOTHER CELL _____ FATHER CELL _____ LEGAL
GUARDIAN CELL _____

4. JUVENILE'S PARENT/LEGAL GUARDIAN NAME/S:

5. REASON FOR COMPLAINT:

6. DATE VIOLATION/OFFENSE OCCURRED: _____

7. LOCATION OF VIOLATION/OFFENSE: _____

8. WAS THERE INJURY TO ANYONE _____ WAS THERE ANY PROPERTY DAMAGE _____ IF SO, AMOUNT OF RESTITUTION REQUESTED _____

9. HAVE YOU HAD CONTACT WITH THE ABOVE NAMED YOUTH AND/OR PARENTS SINCE THE OFFENSE? _____ If so, did they cooperate with you? _____

10. Do you have any suggestions or ideas for the court about what you believe would be the best decision to make for this youth? _____ If yes, what are your suggestions:

I have read the above complaint, answered all the questions truthfully to the best of my ability.

_____ Signature of Complainant

_____ Witness Signature

_____ Date of Complaint