

COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF:
 Affiant Information
 Affiant Name
 Arresting Agency
 Address
 City/State/ZIP
 Telephone



WRITTEN ALLEGATION
 (Single Summary of Offenses)
 In the Interest of:

First Name Middle Name Last Name Gen.
 Address:
 City/State/ZIP: Phone:

JUVENILE IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Allegation Number	Incident Number	SID	Request Lab Services? YES NO	
Gender	DOB	Place of Birth		Add'l DOB	Conspirator(s)		
Male Female	AKA	First Name	Middle Name	Last Name	Gen.		
Race	White	Asian	Black	Native American/Alaskan Native	Native Hawaiian/ Pacific Islander	Unknown	
Ethnicity	Hispanic	Non-Hispanic	Unknown				
Hair Color	GRY (Gray)	RED (Red/Aubn.)	SDY (Sandy)	BLU (Blue)	PLE (Purple)	BRO (Brown)	<input type="checkbox"/> PNK (Pink)
	BLK (Black)	ONG (Orange)	WHI (White)	XXX (Unk./Bald)	GRN (Green)	BLN (Blonde / Strawberry)	
Eye Color	BLK (Black)	BLU (Blue)	BRO (Brown)	GRN (Green)	GRY (Gray)		
	HAZ (Hazel)	MAR (Maroon)	PNK (Pink)	MUL (Multicolored)	XXX (Unknown)		
Driver License	State	License Number		Expires:	Weight (lbs.)		
DNA	YES NO	DNA Location					
FBI Number	MNU Number			Ft. Height In.			
Juvenile Fingerprinted	YES NO	Fingerprint Classification					
Juvenile Photographed	YES NO						

PARENT / GUARDIAN INFORMATION

Mother				Father			
Name				Name			
Address				Address			
City/State/ZIP				City/State/ZIP			
Phone	DOB			Phone	DOB		
Deceased	Address Unknown	Same Address as Juvenile		Deceased	Address Unknown	Same Address as Juvenile	
Guardian or Nearest Adult Relative (if parents/guardian are unknown)							
Name				Relationship to Juvenile			
Address				Phone	DOB		
City/State/ZIP				Deceased	Address Unknown	Same Address as Juvenile	

ARREST & DETENTION

Date of Arrest	Date & Time Admitted to Detention
Time of Arrest	Location of Detention Facility

APPROVAL OF THE ATTORNEY FOR THE COMMONWEALTH

Office of the Attorney for the Commonwealth: Approved Disapproved because:
 (The District Attorney may require that the written allegation be approved by an attorney for the Commonwealth prior to submission. See Pa.R.J.C.P. 231).
 Name of Attorney for the Commonwealth Signature of Attorney for the Commonwealth Date

I, _____
 (Name of the Affiant) (PSP/MPOETC-Assigned Affiant ID Number & Badge #)
 of _____
 (Department or Agency Represented & Political Subdivision) (Police Agency ORI Number)
 1. Do hereby represent that it is in the best interest of the juvenile and the public that proceedings be brought, and that the juvenile is in need of treatment, supervision or rehabilitation.
 I allege that the above named Juvenile who lives at the address set forth above
 I allege that the Juvenile whose name is unknown to me but who is described as:
 I allege that the Juvenile whose name and popular designation are unknown to me and whom I have therefore designated as John Doe or Jane Doe
 has committed a delinquent act by violating the penal laws of the Commonwealth of Pennsylvania at
 _____ in _____ County
 (Subdiv. Code) (Place – Political Subdivision)
 on or about _____
 (Day, Date and Time)



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Juvenile Name	First	Middle	Last	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.

Inchoate Offense	Attempt 18 901 A	Solicitation 18 902 A	Conspiracy 18 903	Number of Victims Age 60 or Older				
		of the						
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number			Safety Zone	Work Zone			
Statute Description (include the name of statute or ordinance):								

Inchoate Offense	Attempt 18 901 A	Solicitation 18 902 A	Conspiracy 18 903	Number of Victims Age 60 or Older				
		of the						
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number			Safety Zone	Work Zone			
Statute Description (include the name of statute or ordinance):								

Inchoate Offense	Attempt 18 901 A	Solicitation 18 902 A	Conspiracy 18 903	Number of Victims Age 60 or Older				
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Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number			Safety Zone	Work Zone			
Statute Description (include the name of statute or ordinance):								

Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offenses charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 – 213.7.

Acts of the Accused:



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Juvenile Name	First	Middle	Last	

2. I ask that a warrant of arrest be issued for the above named Juvenile. **(An affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)**
I ask that the Juvenile be brought before the Court to answer the charges I have made.
3. I verify that the facts set forth in this allegation are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
4. This allegation consists of the preceding page(s) numbered ___ through ___.

The acts committed by the Juvenile, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes or ordinances of political subdivisions cited.

(Name & Title of the Affiant)

(Affiant's Signature)

(Date)



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AFFIDAVIT of PROBABLE CAUSE

I verify that the facts set forth in this affidavit are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S § 4904) relating to unsworn falsification to authorities.

_____ Affiant Name

_____ Affiant Signature

_____ Date

Please provide the following information for each victim/witness.



Victim/Witness Data Sheet

Docket Number	Date Filed	OTN/LiveScan Number	Allegation Number	Incident Number
Juvenile Name	First	Middle	Last	

Victim Witness	Victim/Witness #
_____	_____
(Name)	Age Date of Birth

(Home Street Address)	
_____	_____
(City, State, & ZIP Code)	(Telephone #)

Victim Witness	Victim/Witness #
_____	_____
(Name)	Age Date of Birth

(Home Street Address)	
_____	_____
(City, State, & ZIP Code)	(Telephone #)

Victim Witness	Victim/Witness #
_____	_____
(Name)	Age Date of Birth

(Home Street Address)	
_____	_____
(City, State, & ZIP Code)	(Telephone #)

Victim Witness	Victim/Witness #
_____	_____
(Name)	Age Date of Birth

(Home Street Address)	
_____	_____
(City, State, & ZIP Code)	(Telephone #)



Please provide the following information for each conspirator.

Conspirator Data Sheet

Docket Number	Date Filed	OTN/LiveScan Number	Allegation Number	Incident Number
Juvenile Name	First	Middle	Last	

Conspirator #
_____ (Name) _____ Age _____
_____ (Home Street Address) _____
_____ (City, State, & ZIP Code) _____ (Telephone #) _____

Conspirator #
_____ (Name) _____ Age _____
_____ (Home Street Address) _____
_____ (City, State, & ZIP Code) _____ (Telephone #) _____

Conspirator #
_____ (Name) _____ Age _____
_____ (Home Street Address) _____
_____ (City, State, & ZIP Code) _____ (Telephone #) _____

Conspirator #
_____ (Name) _____ Age _____
_____ (Home Street Address) _____
_____ (City, State, & ZIP Code) _____ (Telephone #) _____