

Required Forms

Juvenile Detention Disposition Report (JUS 8716 Form)

Other

**RIVERSIDE COUNTY PROBATION DEPARTMENT
AFFIDAVIT FOR DETENTION**

Legal Name: _____
Last First Middle

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

Legal Address: _____
Street City State Zip

Mailing/Social Worker Address: _____
Street City State Zip

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

Mother: _____ Primary Phone: () _____ Secondary Contact: _____
Address: _____

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

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

Reason for Detention 663 WIC
Probation Use Only
 777 WIC Supervisor Approval
 778 WIC
 628.1 WIC _____
(Initials)

Case No. _____
Court Case No. _____

Date of Arrest: _____ Time of Arrest: _____

Arresting Officer: _____ Department: _____

Statement of Facts (Please provide a brief summary of reason why youth was detained):

Did youth report current or past suicidal ideation/thoughts? Yes No

Comments:

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 Officer Name (PRINT) Badge No. Officer Phone #/E-mail Signature (required)