

**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: \_\_\_\_\_

(if different) \_\_\_\_\_

Street

City

State

Zip

Father: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Mother: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Youth Lives With \_\_\_\_\_

Street

City

State

Zip

(if not parent): \_\_\_\_\_ Relation: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_

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)