

WARREN COUNTY, OHIO COURT OF COMMON PLEAS
JUVENILE DIVISION

JUVENILE COURT FACT SHEET

(A SEPARATE FACT SHEET NEEDS TO BE COMPLETED FOR EACH OFFENSE DATE)

NAME OF PERSON FILING: _____ FILING DATE: _____

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

DATE OF OFFENSE: _____

FACTS:

VICTIM/OWNER NAME: _____

VICTIM/OWNER ADDRESS: _____

DEFENDANT(S):

1. _____ PARENT/GUARDIAN: _____

ADDRESS: _____

DOB: _____ SSN: _____

2. _____ PARENT/GUARDIAN: _____

ADDRESS: _____

DOB: _____ SSN: _____

3. _____ PARENT/GUARDIAN: _____

ADDRESS: _____

DOB: _____ SSN: _____

CODE/SECTION/SUB SECTION AND DEGREE OF OFFENSE:

SIGNATURE OF OFFICER FILING: _____

FILING FOR OFFICER: _____

WARRANT REQUESTED: Yes No

IF YES, PLEASE SIGN: _____