TO BE COMPLETED BY LAW ENFORCEMENT ONLY

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:					
DATE OF OFFENSE:					
CODE/SECTION/SUB SE	CTION AND DEGRE	EE OF OFFENSE	: :		
FACTS:					
VICTIM/OWNER NAME:	;			DOB:	
VICTIM/OWNER ADDRE	SS:				
DEFENDANT (FULL LEGA	AL NAME):			DOB:	
STREET ADDRESS:					
SIGNATURE OF OFFICER	R FILING:				
FILING FOR OFFICER:					
WARRANT REQUESTED:	: YES N	NO IF YES,	PLEASE SIGN:		
SSN:		RACE:		GENDER:	
				HAIR COLOR:	
	то	BE COMPLETI	ED BY DEPUTY CLERK	ONLY	
IN ACCORDANCE WIT				BABLE CAUSE FOR A WARRANT TO BE	
ISSUED, TO WIT:					
100012) 10 11111					
□ WARRANT TO	D BE ISSUED			☐ SUMMONS TO BE ISSUED	
CLERK SIGNATURE:				DATE:	

IN THE WARREN COUNTY, OHIO COURT OF COMMON PLEAS JUVENILE DIVISION

COMPLAINT

SECTION 2913.21(B)(4) – Misuse of Credit Card	CASE NO.				
STATE OF OHIO					
V.					
Full Legal Name	Parent/Father				
Age DOB	Street Address				
Street Address	City, State, Zip				
City, State, Zip	Parent/Mother				
	Street Address				
	City, State, Zip				
	Guardian/Custodian				
	Street Address				
	City, State, Zip				
bein	ng first duly cautioned and sworn, deposes and alleges				
that he / she has knowledge, information and belief that					
is a delinquent child as provided in Section 2913.21(B)(4) of the Country of Werren and State	Ohio Revised Code, in that on or about, e of Ohio, the child did with purpose to defraud,				
represent or cause to be represented to the issue of a credit c knowing that the representation is false.					
To Wit: (State essential facts constituting charged offense – you must describe what happened in the space below)					
Contrary to and in violation of Section 2913.21(B)(4) the Ohio Revise	d Code, a misdemeanor of the first degree.				
Sworn to before me and subscribed in my presence, this day	y of, 20				
Joseph W. Kirby, Judge					
Warren County Common Pleas Court Juvenile Division	Complainant				
	Address				
By: Deputy Clerk / Notary Public	City, State, Zip				