

**JUVENILE MINUTES SHEET**YOUTH INVESTIGATIONS DIVISION  
CHICAGO POLICE DEPARTMENT

CALENDAR

S.V.U. AREA

R.D. NUMBER

JUVENILES ARRESTEE'S INFORMATION				VICTIM/WITNESS SUMMARY			
NAME (LAST-FIRST-M.I.)		DOB/SEX/RACE		1. NAME (LAST-FIRST-M.I.)			
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)			DISTRICT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ADULT	INJURED	IF YES, HOSPITALIZED ?
				<input type="checkbox"/> WITNESS	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CB NO.		IR NO.		STATEMENT			
				<input type="checkbox"/> NONE <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> VIDEO/AUDIO RECORDED			
OFFENSE DATE	OFFENSE TIME	ADDRESS (CITY, STATE, ZIP CODE)	DIST.	RESIDENCE ADDRESS		CITY/STATE/ZIP CODE	PHONE NO.
ARREST DATE	ARREST TIME	ADDRESS (CITY, STATE, ZIP CODE)	DIST.	IDENTIFIED JUVENILE			
				<input type="checkbox"/> YES, POSITIVE <input type="checkbox"/> ID, NEGATIVE <input type="checkbox"/> NO ID ATTEMPT			
APPROVED BY:			TOTAL POINTS	IF YES, POSITIVE - TYPE OF IDENTIFICATION			
<input type="checkbox"/> DETAINED				<input type="checkbox"/> SHOW-UP <input type="checkbox"/> PHOTO ARRAY <input type="checkbox"/> LINE UP			
<input type="checkbox"/> REFERRED DATE				<input type="checkbox"/> SOCIAL MEDIA/YEARBOOK <input type="checkbox"/> KNOWS JUVENILE			
CHARGES				IDENTIFIED THE JUVENILE AS:			
MIRANDA GIVEN	IF YES, MEMBER READING RIGHTS		STAR NO.	2. NAME (LAST-FIRST-M.I.)			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
STATEMENT GIVEN	IF YES, DATE AND TIME	<input type="checkbox"/> ORAL <input type="checkbox"/> VIDEO/AUDIO		<input type="checkbox"/> VICTIM	<input type="checkbox"/> ADULT	INJURED	IF YES, HOSPITALIZED ?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> WRITTEN RECORDED		<input type="checkbox"/> WITNESS	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRIOR ARREST HISTORY (NO. OF MISDEMEANOR/FELONY)				STATEMENT			
				<input type="checkbox"/> NONE <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> VIDEO/AUDIO RECORDED			
<u>CO-ARRESTEE INFORMATION</u>				RESIDENCE ADDRESS		CITY/STATE/ZIP CODE	PHONE NO.
NAME (LAST-FIRST-M.I.)	DOB	CB NO.					
NAME (LAST-FIRST-M.I.)	DOB	CB NO.		IDENTIFIED JUVENILE			
				<input type="checkbox"/> YES, POSITIVE <input type="checkbox"/> ID, NEGATIVE <input type="checkbox"/> NO ID ATTEMPT			
NAME (LAST-FIRST-M.I.)	DOB	CB NO.		IF YES, POSITIVE - TYPE OF IDENTIFICATION			
				<input type="checkbox"/> SHOW-UP <input type="checkbox"/> PHOTO ARRAY <input type="checkbox"/> LINE UP			
NAME (LAST-FIRST-M.I.)	DOB	CB NO.		<input type="checkbox"/> SOCIAL MEDIA/YEARBOOK <input type="checkbox"/> KNOWS JUVENILE			
				IDENTIFIED THE JUVENILE AS:			
SUMMARY OF EVIDENCE				RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE				INVENTORY NO.(S)			
1. <input type="checkbox"/> WEAPON <input type="checkbox"/> PROCEEDS <input type="checkbox"/> TOOLS <input type="checkbox"/> VIDEO <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER							
RECOVERED BY		STAR NO.	UNIT PHONE NO.	BRIEF DESCRIPTION			
TYPE				INVENTORY NO.(S)			
2. <input type="checkbox"/> WEAPON <input type="checkbox"/> PROCEEDS <input type="checkbox"/> TOOLS <input type="checkbox"/> VIDEO <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER							
RECOVERED BY		STAR NO.	UNIT PHONE NO.	BRIEF DESCRIPTION			
TYPE				INVENTORY NO.(S)			
3. <input type="checkbox"/> WEAPON <input type="checkbox"/> PROCEEDS <input type="checkbox"/> TOOLS <input type="checkbox"/> VIDEO <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER							
RECOVERED BY		STAR NO.	UNIT PHONE NO.	BRIEF DESCRIPTION			
ARRESTING/COURT OFFICER(S)							
RANK-NAME			STAR NO.	UNIT		DAY OFF GROUP	
<b>INVESTIGATION</b> (BE SPECIFIC. SUBSTANTIATE THE CHARGE(S), INCIDENT, ARREST(S), PROPERTY TAKEN/RECOVERED, STATEMENT. ADDITIONAL VICTIM/WITNESS SUMMARY INFORMATION WILL BE THE FIRST LINE OF INVESTIGATION. <input type="checkbox"/> CONTINUED ON SIDE 2.							

PREPARED BY - NAME

STAR NO.

APPROVED BY-NAME

STAR NO.

PREPARED BY - NAME

STAR NO.

APPROVED BY-NAME

STAR NO.