INFORMAL STATION ADJUSTMENT

YOUTH INVESTIGATIONS SECTION/CHICAGO POLICE DEPARTMENT **CPD-24.137 (REV. 8/11)**

SECTION A

YIS NO./IR NO. | ☐ OVERRIDE | Send Copy to Juvenile Court

NAME | SEX | RACE | DATE OF BIRTH | AGE

ADDRESS | TELEPHONE NO. | CHARGES ☐ MCC ☐ MISDEMEANOR ☐ FELONY

OVERRIDE - DETECTIVE'S NAME | ASA | CB NO. | DIST. OF ARREST

ARRESTING OFFICER(S) | UNIT | ☐ MIRANDA WARNINGS ADMINISTERED | ☐ PREVIOUS HISTORY ATTACHED

SUMMARY | R.D. NO.

NARRATIVE

SECTION B

SPECIFIC CONDITIONS HEREIN IMPOSED

☐ AGREE TO ATTEND SCHOOL _____

☐ ABIDE BY THE FOLLOWING CURFEW _____

☐ AGREE TO SOCIAL AGENCY REFERRAL AGENCY _____ PHONE NO. _____

☐ REFERRAL TO JUVENILE PROBATION DEPARTMENT _____

☐ WILL PERFORM UP TO 25 HOURS OF COMMUNITY SERVICE _____

☐ WILL REFRAIN FROM ENTERING DESIGNATED GEOGRAPHICAL AREAS _____

☐ WILL REFRAIN FROM CONTACT WITH SPECIFIC PERSONS _____

☐ WILL PARTICIPATE IN COMMUNITY MEDIATION _____

☐ WILL PARTICIPATE IN TEEN PEER COURT _____

☐ OTHER (SPECIFY) _____

INFORMAL ADJUSTMENT BEGINS _____ INFORMAL ADJUSTMENT ENDS _____

SECTION C

THIS SECTION IS TO BE READ ALOUD TO THE MINOR AND HIS PARENT/GUARDIAN

IF MINOR REFUSES TO OR FAILS TO ABIDE BY CONDITIONS OF THIS INFORMAL STATION ADJUSTMENT, THE DETECTIVE MAY IMPOSE A FORMAL STATION ADJUSTMENT OR REFER THE MATTER TO THE STATE'S ATTORNEY'S OFFICE.
I UNDERSTAND AND FULLY AGREE TO THE TERMS AND CONDITIONS DESCRIBED ABOVE.

SIGNATURE OF MINOR | DATE

PARENT/GUARDIAN'S NAME | SIGNATURE

ADDRESS | TELEPHONE NO.

FATHER'S NAME | ADDRESS | TELEPHONE NO.

MOTHER'S NAME | ADDRESS | TELEPHONE NO.

DETECTIVE (PRINTED NAME) | STAR NO. | UNIT NO. | SUPERVISOR (PRINTED NAME) | STAR NO. | UNIT NO.

DETECTIVE'S SIGNATURE | SUPERVISOR'S SIGNATURE

FORMAL STATION ADJUSTMENT COMPLETED ☐ SUCCESSFULLY ☐ UNSUCCESSFULLY | DATE ADJUSTMENT VIOLATED -

CONDITIONS VIOLATED | DETECTIVE'S SIGNATURE | UNIT NO. | DATE