



PROCESSING DETECTIVE OUTREACH FORM

YOUTH INVESTIGATIONS DIVISION
Community Risk Response Initiative
CHICAGO POLICE DEPARTMENT



Juvenile's Name: _____ IR# _____ CB# _____
Primary Charge: _____
 Referred to Court Station-Adjusted With JISC Case Mgmt
 Station-Adjusted Without JISC Case Mgmt

OUTREACH ATTEMPT SECTION

Date/Time of Outreach: _____ / _____ Hrs
Adult Relationship: Parent Guardian Responsible Adult
(Check one relationship type)

Adult's Name: _____ Address: _____

COMMANDER'S MESSAGE SECTION

(Instructions: Read the statement below to the involved adult.)

We know that there are many reasons why a juvenile may become involved in activities that lead them to break a law, and then end up being arrested. We also know these behaviors can place them in circumstances where they can become victims of violence. The risk of being murdered for a young person in Chicago age 10 to 17 is dramatically higher if that youth has previously been arrested. For example, with just one arrest, a juveniles's risk of being murdered in 2016 was 38 times higher than a youth that had never been arrested. With four arrests, the risk was an astonishing 160 times higher.

To reduce the dangers faced by young people, the Youth Investigations Division is trying to learn more about juvenile crime in your area by asking parents, guardians, and community members about the risks they see. Participation in this program is completely voluntary and can take just a few minutes. The process would have the Community Risk Liaison call you at a convenient time in the next few days to ask you: *"What don't we know about juvenile crime in your area?"*

RESPONSE SECTION

Would you be interested in speaking with the division's Community Risk Liaison? Yes. Not at this time.

[If, yes] Is there a telephone number you can be reached at? Yes. (_____) _____ No.

Best Day to Call: Sun Mon Tues Wed Thurs Fri Sat ANY DAY

Best Time to Call: Mornings Afternoons Evenings ANY TIME

Did you receive a copy of the "Parent Outreach Brochure"? Yes, adult received a copy at the JISC front desk.
 Yes, adult was given a copy by the Processing Detective. No, adult does not want a copy of the brochure.

Synopsis of any comments or information: NONE _____
_____ Continued on Back Side.

Processing Detective (Name): _____ Star _____ Signature: _____

SUPERVISORY REVIEW SECTION

(Instructions: Completed by the on-duty JISC Watch Coordinator.)

No emergency crime conditions information provided requiring an immediate field/investigative response.

Immediate response required. Actions taken/notifications: _____

_____ Continued on Back Side.

JISC Watch Coordinator: _____ Star _____ Signed: _____ Date/Time: _____

COMMUNITY RISK LIAISON SECTION

Date Reviewed: _____ No Outreach Req. Unsuccessful Outreach Contact Date/Time: _____

Response: None Req. Info Rpt Alert/Bulletin Notification/Email to Unit(s) _____ Other (Back Side)

Liaison: _____ Star _____ Signed: _____ Date Closed: _____