



**PARENT/GUARDIAN REQUEST FOR JUVENILE COURT REFERRAL**

YOUTH INVESTIGATIONS DIVISION  
CHICAGO POLICE DEPARTMENT

**JUVENILE INFORMATION**

Juvenile's  
Last Name: \_\_\_\_\_ First \_\_\_\_\_ IR# \_\_\_\_\_ CB# \_\_\_\_\_

Primary Charge: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

**Arrest Disposition Recommended by the Processing Detective/Juvenile Screening Instrument:**

- Station-Adjusted With CTTV Workshop Only                       Station-Adjusted With Case Mgmt. Only
- Station-Adjusted WITH BOTH CTTV Workshop AND Case Management

**PARENT/GUARDIAN OUTREACH ATTEMPT**

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

Parent/  
Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

**COMMANDER'S MESSAGE**

[Instructions: Read the statement below to the involved parent/guardian]

It is the policy of the Youth Investigations Division to develop and advance programming that enhances the effectiveness of the station adjustment process to: (1) reduce the need to refer cases involving lower-level acts of delinquency to Juvenile Court; (2) increase the likelihood that such court diversion efforts will reduce the risks of future delinquency by the involved youth; and (3) reduce the risks that young persons involved in delinquency will themselves become victims of crime and violence in the future.

**The recommendation to station adjust your child to programming and/or services:**

- Is intended to help your child avoid being referred to the Cook County Juvenile Court and the formal filing of a delinquency petition.
- Is intended to help your child avoid being involved in future acts of delinquency.
- Is intended to help your child avoid being the victim of crime and violence in the future.

Your support is a key to gaining your child's successful participation in the recommended diversion services.

**PARENT GUARDIAN RESPONSE**

By my signature below, I confirm that as the parent/guardian of the above listed juvenile, I am refusing the recommended diversion services/programming and station-adjustment of my child. I understand that, by refusing the station adjustment and recommended services/programming, I am also requesting that my child be referred to the Cook County Juvenile Court, where a delinquency petition may be filed against my child on the charges for which my child was arrested.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**CERTIFICATION AND REVIEW**

Processing  
Detective (Name): \_\_\_\_\_ Star \_\_\_\_\_ Signature: \_\_\_\_\_

Area Detective  
Supervisor (Name): \_\_\_\_\_ Star \_\_\_\_\_ Signature: \_\_\_\_\_