

## **Department of Police - City of Chicago**

3510 S. Michigan Avenue - Chicago, Illinois 60653

CASE NO.	CB NO.			DATE		
NAME OF MINOR						
ADDRESS						
CITY			STATE		ZIP CODE	
HOME TELEPHONE NO.	AGE	SEX	GRADE	SCHOOL		
HOWE TELEPHONE NO.	AGL	JOLA	GRADE	SCHOOL		
PARENT OR GUARDIAN'S NAME				DAY TELEPHONE NO.		
SANCTION						
		WORK ASS	IGNMENTS			
1. AGENCY'S NAME			ADDRESS			
NAME OF AGENCY'S CONTACT PERSON			L	TELEPHONE	TELEPHONE NO.	
2. AGENCY'S NAME			ADDRESS			
NAME OF AGENCY'S CONTACT PERSON				TELEPHONE NO.		
B. AGENCY'S NAME			ADDRESS	ADDRESS		
NAME OF AGENCY'S CONTACT PERSON			TELEPHONE NO.			
		ADDITIONAL F	REQUIREMENTS			
1.						
2.						
3.						
DATE TO RE	APPEAR FOR PEER J	URY RELEAS	E (All assignment	ts must be completed	d before this date.)	
			EARING TIME	·	•	
DETECTIVE'S SIGNATURE			PEER JURY LIAISON OFFICER'S SIGNATURE			
THIS IS THE PEER JURY ASSIGNMENT	. IF YOU HAVE ANY Q	UESTIONS, C	ONTACT THE LIA	ISON OFFICER AT:		
COMMENTS						