



WRITTEN ALLEGATION

Docket Number	Date Filed	OTN/LiveScan Number	Allegation Number	Incident Number
Juvenile Name	First	Middle	Last	

AFFIDAVIT of PROBABLE CAUSE

I verify that the facts set forth in this affidavit are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S § 4904) relating to unsworn falsification to authorities.

_____ Affiant Name

_____ Affiant Signature

_____ Date