



Please provide the following information for each conspirator.

Conspirator Data Sheet

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

Allegation Number	Conspirator #
_____	_____
(Name)	Age
_____	_____
(Home Street Address)	_____
_____	_____
(City, State, & ZIP Code)	(Telephone #)

Allegation Number	Conspirator #
_____	_____
(Name)	Age
_____	_____
(Home Street Address)	_____
_____	_____
(City, State, & ZIP Code)	(Telephone #)

Allegation Number	Conspirator #
_____	_____
(Name)	Age
_____	_____
(Home Street Address)	_____
_____	_____
(City, State, & ZIP Code)	(Telephone #)

Allegation Number	Conspirator #
_____	_____
(Name)	Age
_____	_____
(Home Street Address)	_____
_____	_____
(City, State, & ZIP Code)	(Telephone #)