



# WRITTEN ALLEGATION

<b>Docket Number</b>	<b>Date Filed</b>	<b>OTN/LiveScan Number</b>	<b>Allegation Number</b>	<b>Incident Number</b>
<b>Juvenile Name</b>	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