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| COMMONWEALTH OF PENNSYLVANIA |  |  | **WRITTEN ALLEGATION****(Single Summary of the Offenses)****In the Interest of:** |
| COUNTY OF: |       |  |
| *Affiant Information* |  |
| Affiant Name |       |  |
| Arresting Agency |       |  |       |       |       |       |
| Address |       |  | *First Name* | *Middle Name* | *Last Name* | *Gen.* |
|  |       |  | *Address:*  |       |
| City/State/ZIP |       |  |  |       |
| Telephone | (   )     -      |  | *City/State/ZIP:*  |       | *Phone:* (   )     -      |

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| **JUVENILE IDENTIFICATION INFORMATION** |
| **Docket Number** | **Date Filed** | **OTN/LiveScan Number** | **Allegation Number** | **Incident Number** | **SID** | **Request Lab Services?** |
|       |   /  /     |       |       |       |       |  [ ]  YES [ ]  NO |
| **Gender** | **DOB**  |   /  /     | **Place of Birth**  |       | **Add’l DOB**  |   /  /     | **Conspirator(s)**  | [ ]  |
| [ ]  Male |  **AKA**  |       |  |       |  |       |  |       |
| [ ]  Female |  | First Name |  | Middle Name |  | Last Name |  | Gen. |
| **Race** | [ ]  White | [ ]  Asian | [ ]  Black | [ ]  Native American/Alaskan Native | [ ]  Native Hawaiian/ Pacific Islander | [ ]  Unknown |
| **Ethnicity** | [ ]  Hispanic | [ ]  Non-Hispanic | [ ]  Unknown |
| **Hair Color** | [ ]  GRY (Gray) | [ ]  RED (Red/Aubn.) | [ ]  SDY (Sandy) | [ ]  BLU (Blue) | [ ]  PLE (Purple) | [ ]  BRO (Brown) | [ ]  PNK (Pink) |
|  | [ ]  BLK (Black) | [ ]  ONG (Orange) | [ ]  WHI (White) | [ ]  XXX (Unk./Bald) | [ ]  GRN (Green) | [ ]  BLN (Blonde / Strawberry) |
| **Eye Color** | [ ]  BLK (Black) | [ ]  BLU (Blue) | [ ]  BRO (Brown) | [ ]  GRN (Green) | [ ]  GRY (Gray) |
|  | [ ]  HAZ (Hazel) | [ ]  MAR (Maroon) | [ ]  PNK (Pink) | [ ]  MUL (Multicolored) | [ ]  XXX (Unknown) |
| **Driver License** | **State** |     | **License Number** |       | **Expires:**  |   /  /     | **Weight (lbs.)** |
| **DNA** | [ ]  YES [ ]  NO | **DNA Location**  |       |     |
| **FBI Number** |       | **MNU Number** |       | ***Ft.* Height *In.*** |
| **Juvenile Fingerprinted** | [ ]  YES [ ]  NO | **Fingerprint Classification** |       |   |    |
| **Juvenile Photographed** | [ ]  YES [ ]  NO |  |

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| **PARENT / GUARDIAN INFORMATION** |
| **Mother** |  | **Father** |
| **Name** |       |  | **Name** |       |
| **Address** |       |  | **Address** |       |
| **City/State/ZIP** |       |  | **City/State/ZIP** |       |
| **Phone** |       | **DOB** |   /  /     |  | **Phone** |       | **DOB** |   /  /     |
| [ ]  Deceased | [ ]  Address Unknown | [ ]  Same Address as Juvenile |  | [ ]  Deceased | [ ]  Address Unknown | [ ]  Same Address as Juvenile |
| **Guardian or Nearest Adult Relative (if parents/guardian are unknown)** |
| **Name** |       |  | **Relationship to Juvenile** |       |
| **Address** |       |  | **Phone** |       |
| **City/State/ZIP** |       |  | [ ]  Deceased | [ ]  Address Unknown | [ ]  Same Address as Juvenile |

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| **ARREST & DETENTION** |
| **Date of Arrest** |       |  | **Date & Time Admitted to Detention** |       |
| **Time of Arrest** |       |  | **Location of Detention Facility** |       |

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| **APPROVAL OF THE ATTORNEY FOR THE COMMONWEALTH** |
| Office of the Attorney for the Commonwealth: | [ ]  Approved | [ ]  Disapproved because:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (The District Attorney may require that the written allegation be approved by an attorney for the Commonwealth prior to submission. See Pa.R.J.C.P. 231). |
|  |
| Name of Attorney for the Commonwealth |  | Signature of Attorney for the Commonwealth |  | Date |  |

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| I, |       |  |       |  |
|  | (Name of the Affiant) |  | (PSP/MPOETC-Assigned Affiant ID Number & Badge #) |  |
| of |       |  |       |  |
|  | (Department or Agency Represented & Political Subdivision) |  | (Police Agency ORI Number) |  |
| 1. Do hereby represent that it is in the best interest of the juvenile and the public that proceedings be brought, and that the juvenile is in need of treatment, supervision or rehabilitation. |  |
| [ ]  | I allege that the above named Juvenile who lives at the address set forth above |  |
| [ ]  | I allege that the Juvenile whose name is unknown to me but who is described as:        |  |
| [ ]  | I allege that the Juvenile whose name and popular designation are unknown to me and whom I have therefore designated as John Doe or Jane Doe |  |
| has committed a delinquent act by violating the penal laws of the Commonwealth of Pennsylvania at |  |
|  |       |  |       | in |       | County |  |
|  | (Subdiv. Code) |  | (Place – Political Subdivision) |  |  |  |  |
|  | on or about |       |  |
|  |  |  | (Day, Date and Time) |  |

**AOPC J232B – Rev. 12/21**  Page    of

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|  **WRITTEN ALLEGATION** |
| **Docket Number**      | **Date Filed**   /  /     | **OTN/LiveScan Number**      | **Allegation Number**      | **Incident Number**      |
| **Juvenile Name** | First      | Middle      | Last      |

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| The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. |
| **(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 – 213.7.)** |

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| **Inchoate Offense** | [ ]  **Attempt** *18 901 A* | [ ]  **Solicitation** *18 902 A* | [ ]  **Conspiracy**  *18 903* |  | **Number of Victims Age 60 or Older**       |
|  |
| [ ]  |     |       |       | **of the** |       |       |       |       |       |
| Lead? | Offense# | Section | Subsection |  | PA Statute (Title) | Counts | Grade | **NCIC Offense Code** | UCR/NIBRS Code |
| **PennDOT Data****(if applicable)** | Accident Number |       | [ ]  Safety Zone | [ ]  Work Zone |
| Statute Description (include the name of statute or ordinance):       |
| Acts of the accused associated with this Offense:       |

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| **Inchoate Offense** | [ ]  **Attempt** *18 901 A* | [ ]  **Solicitation** *18 902 A* | [ ]  **Conspiracy**  *18 903* |  | **Number of Victims Age 60 or Older**       |
|  |
| [ ]  |     |       |       | **of the** |       |       |       |       |       |
| Lead? | Offense# | Section | Subsection |  | PA Statute (Title) | Counts | Grade | **NCIC Offense Code** | UCR/NIBRS Code |
| **PennDOT Data****(if applicable)** | Accident Number |       | [ ]  Safety Zone | [ ]  Work Zone |
| Statute Description (include the name of statute or ordinance):       |
| Acts of the accused associated with this Offense:       |

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| **Inchoate Offense** | [ ]  **Attempt** *18 901 A* | [ ]  **Solicitation** *18 902 A* | [ ]  **Conspiracy**  *18 903* |  | **Number of Victims Age 60 or Older**       |
|  |
| [ ]  |     |       |       | **of the** |       |       |       |       |       |
| Lead? | Offense# | Section | Subsection |  | PA Statute (Title) | Counts | Grade | **NCIC Offense Code** | UCR/NIBRS Code |
| **PennDOT Data****(if applicable)** | Accident Number |       | [ ]  Safety Zone | [ ]  Work Zone |
| Statute Description (include the name of statute or ordinance):       |
| Acts of the accused associated with this Offense:       |

**AOPC J232B – Rev. 12/21**  Page    of

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|  **WRITTEN ALLEGATION** |
| **Docket Number**      | **Date Filed**   /  /     | **OTN/LiveScan Number**      | **Allegation Number**      | **Incident Number**      |
| **Juvenile Name** | First       | Middle      | Last      |

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| 2.  | [ ]  | I ask that a warrant of arrest be issued for the above named Juvenile. **(An affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)** |
|  | [ ]  | I ask that the Juvenile be brought before the Court to answer the charges I have made. |
| 3. |  | I verify that the facts set forth in this allegation 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. |
| 4. |  | This allegation consists of the preceding page(s) numbered    through   . |
|  |
| The acts committed by the Juvenile, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes or ordinances of political subdivisions cited.  |
|  |
|       |  |  |  |       |
| (Name & Title of the Affiant) |  | (Affiant’s Signature) |  | (Date) |

**AOPC J232B – Rev. 12/21**  Page    of

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|  **WRITTEN ALLEGATION** |
| **Docket Number**      | **Date Filed**   /  /     | **OTN/LiveScan Number**      | **Allegation Number**      | **Incident Number**      |
| **Juvenile Name** | First      | Middle      | Last      |

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| **AFFIDAVIT of PROBABLE CAUSE** |
|       |

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| **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.** |

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|       |  |  |  |       |
| Affiant Name |  | Affiant Signature |  | Date |

**AOPC J232B – Rev. 12/21**  Page    of

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| ***Please provide the following information for each victim/witness.*** |  | **Victim/Witness Data Sheet** |

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

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|  |  |  |
|  | [ ]  Victim [ ]  Witness | Victim/Witness #     |
|  |       |  |   /  /     |  |
|  | (Name) |  | Date of Birth |  |
|  |       |  |
|  | (Home Street Address) |  |
|  |       |  |       |  |
|  | (City, State, & ZIP Code) |  | (Telephone #) |  |

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| --- | --- | --- |
|  |  |  |
|  | [ ]  Victim [ ]  Witness | Victim/Witness #     |
|  |       |  |   /  /     |  |
|  | (Name) |  | Date of Birth |  |
|  |       |  |
|  | (Home Street Address) |  |
|  |       |  |       |  |
|  | (City, State, & ZIP Code) |  | (Telephone #) |  |

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| --- | --- | --- |
|  |  |  |
|  | [ ]  Victim [ ]  Witness | Victim/Witness #     |
|  |       |  |   /  /     |  |
|  | (Name) |  | Date of Birth |  |
|  |       |  |
|  | (Home Street Address) |  |
|  |       |  |       |  |
|  | (City, State, & ZIP Code) |  | (Telephone #) |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | [ ]  Victim [ ]  Witness | Victim/Witness #     |
|  |       |  |   /  /     |  |
|  | (Name) |  | Date of Birth  |  |
|  |       |  |
|  | (Home Street Address) |  |
|  |       |  |       |  |
|  | (City, State, & ZIP Code) |  | (Telephone #) |  |

**AOPC J232B – Rev. 12/21**  Page    of

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| ***Please provide the following information for each conspirator.*** |  | **Conspirator Data Sheet** |

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

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

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

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

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

**AOPC J232B – Rev. 12/21**  Page    of