



**Juvenile Offender**

Case No. \_\_\_\_\_

Probation No. \_\_\_\_\_

Name: \_\_\_\_\_;

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(Street/PO Box)

(City)

(Zip)

Phone Number: (hm) (\_\_\_\_) \_\_\_\_\_; (wk) (\_\_\_\_) \_\_\_\_\_;

(alt) (\_\_\_\_) \_\_\_\_\_

Ethnicity: Juvenile: \_\_\_\_\_; Parent/Guardians: \_\_\_\_\_

Language: Juvenile: \_\_\_\_\_; Parent/Guardians: \_\_\_\_\_

Disability: Juvenile: \_\_\_\_\_; Parent/Guardians: \_\_\_\_\_

**Victim**

Name: \_\_\_\_\_;

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(Street/PO Box)

(City)

(Zip)

Phone Number: (hm) (\_\_\_\_) \_\_\_\_\_; (wk) (\_\_\_\_) \_\_\_\_\_;

(alt) (\_\_\_\_) \_\_\_\_\_

If victim is a minor, Name of Parent(s)/Guardian(s) \_\_\_\_\_

Ethnicity: Juvenile: \_\_\_\_\_; Parent/Guardians: \_\_\_\_\_

Language: Juvenile: \_\_\_\_\_; Parent/Guardians: \_\_\_\_\_

Disability: Juvenile: \_\_\_\_\_; Parent/Guardians: \_\_\_\_\_

**Issues to be considered for mediation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH INFORMATION FOR ADDITIONAL OFFENDERS OR VICTIMS ON A SEPARATE SHEET.**

**PLEASE ATTACH COPIES OF RELEVANT DOCUMENTATION, INCLUDING:**

- 1. Police Report**
- 2. Probation Report**
- 3. General Order of Restitution**
- 4. Victim Loss Statements**

To be completed by Juvenile Delinquency Mediation Program

a. Accepted for Mediation/Date: \_\_\_\_\_

b. Not-Accepted for Mediation/ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_