



Dickinson Juvenile Justice Center / Juvenile Detention Remand Slip

Juvenile Name: _____ (last) _____ (first) _____ (middle)

Remanding Department: _____ Date: _____

Spillman Name No.: _____ Department Case No. _____

Is remanded to the custody of the Johnson County Juvenile Detention Center.

Juvenile's Information: Telephone No.: _____ Alias: _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____ Social Security Number: _____

Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____ Driver's License Number: _____ State: _____

Parent/Guardian: _____ Telephone Number if different: _____

Arresting Charge(s) (List Only Most Serious): Juvenile Pickup Order Cause No: _____

1. _____ Statute: _____ Misdemeanor Felony

2. If Probation Violation - Adjudicated Charge: _____ Misdemeanor Felony

Pertinent information to relay to probation/detention (including other charges):

Parent/Guardian Notified: Y N UNK Gang Affiliation: Y N UNK, If yes Gang Name: _____

Probation/Parole: Y N UNK Under Influence - Drugs/Alcohol: Y N UNK Disability: Y N UNK

Vehicle Impounded: Y N UNK Tow Co: _____ Weapon Used: Y N UNK

School Related: Y N UNK Family Violence Involved: Y N UNK Large Age Difference Between Victim/Suspect: Y N UNK

Suicide Risk: Y N reason: _____ (sex offense only); victim age: _____

Remanding Officer's Name: _____ Signature: _____ Unit No. _____

Juvenile Detention Use Only:

Quest ID.: _____ Book-in No.: _____ Locker No.: _____ Holdover:

MAYSI-2 Date: _____ Assmt Key # _____ Probation Officer: _____

ARRIVAL Time: _____ Date: _____ Staff Initials: _____

RELEASE Time: _____ Date: _____ Staff Initials: _____

Name: _____ Agency/Relationship: _____

Probable Cause due by 10:00 a.m. NEXT day for all juveniles brought to detention; Fax: 317-736-3028 or Deliver