

**DISTRICT COURT OF name of county, KANSAS**  
**NOTICE AND AGREEMENT TO APPEAR**

Date: \_\_\_\_\_  
Officer Badge #

Time: \_\_\_\_\_  
Agency Report #

**PLEASE PRINT**

**To the Person Herein Named:**

Last Name:		First Name/MI:			
Address:					
City:			State/Zip:		Employer/School:
DOB:	Age:	Race:	Sex:	Telephone # (Juvenile)	
Printed Name of Parent/Other Custodian (Relationship)				Telephone # (Parent/Other Custodian)	

**You have been accused of the following:**

Statute Violation:	K.S.A.

**Pursuant to K.S.A. 38-2330**

You are required to call Juvenile Intake and Assessment at (PHONE #) or report to Juvenile Intake and Assessment (ADDRESS) between the hours of (LIST HOURS OF OPERATION) within 48 hours of receiving this notice to schedule an intake and assessment appointment.

**AGREEMENT TO APPEAR**

By signing below, I acknowledge that I am the person named above and in lieu of transport to Juvenile Intake and Assessment, I am being released to my parent/other custodian and I agree to report to and/or contact Juvenile Intake and Assessment within 48 hours (excluding weekends and holidays) of receiving this notice.

\_\_\_\_\_  
*Signature of Juvenile*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Other Custodian*

\_\_\_\_\_  
*Date*

**DISTRIBUTION OF COPIES:**

**FOR JIAC STAFF USE ONLY:**

White Officer	Yellow Juvenile/Parent	Pink JIAC	Green District Attorney	No Contact _____	Failed to Appear _____
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