

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:

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