

NOTICE TO APPEAR
RELEASE AGREEMENT

Date: _____

CHILD'S NAME: _____ P.C. #: _____

You are hereby directed and agree to appear with the person named above, before the Circuit Court Juvenile Division, 3300 N.W. 27th Avenue, Miami, Florida, on _____ the _____ (date) _____, 20__ at 8:30 A.M. on the above mentioned case, pursuant to _____ (month) Administrative Order No. 94-20 and section 985.115(2)(a) Florida Statutes.

The State Attorney's office may refer your case to a special program. If this occurs, you will receive a notice by phone or by mail to bring the child named above to the program prior to the above date. If you appear with the child at the program, and the child is accepted into the program, you will be provided with a written notice that you do not have to appear in court on the above date and time. However, if at any time the child fails to comply with the terms of the program, the case will be returned to the State Attorney for filing in court. If you do not receive the written notice from the program, you must appear on the above date.

FAILURE TO APPEAR MAY RESULT IN AN ORDER BEING ISSUED TO TAKE THE ABOVE NAMED CHILD INTO CUSTODY AND YOUR BEING CITED FOR CONTEMPT OF COURT, WHICH COULD RESULT IN YOUR BEING PUNISHED BY A FINE OR JAIL OR BOTH.

You must notify the Clerk of the Court (Family Division Juvenile Section (305) 638-6227) any time your address changes. By signing this agreement you waive the necessity of serving you with a summons for the above date.

(ATTACHED IS THE ARREST AFFIDAVIT WHICH INDICATES THE CHARGES)

Child's signature

Parent's or other responsible adult's signature and relationship

Officer's signature
I swear the information in this release agreement is true and correct to the best of my knowledge and belief.

Address

Dept. I.D. Number

DEPT. OF Juvenile Justice Telephone # _____
Department of Juvenile Justice Intake Screener authorizing release

ATTACHED TO ARREST AFFIDAVIT