



Miami-Dade Juvenile Services Department

Juvenile Civil Citation Form F.S. 985.12

Juvenile's Name:			PD Case #		
DOB:	Race:	Sex:	SSN or Student ID:		
S/M/T: Y / N	HT:	WT:	Hair:	Eyes:	
Home Address:					
City:	State:	Zip:	Phone #'s:		
Incident Location:			Date:	Time: AM/PM	
1 st Offense:			2 nd Offense: N/A		
School:				Grade:	
Parent/Guardian:		Cell#	Work#		

Narrative: See attached

You must call the Juvenile Services Department during business hours, Monday through Friday, 9:00 A.M- 5:00 P.M., to schedule an appointment at the location listed below within 5 to 7 business days. Failure to schedule an appointment will result in criminal charges being filed and your child will have an arrest record.

Juvenile Services Department 275 N.W. 2 nd Street Miami, Florida 33128 Phone #: (305) 755-6282 / 6283 (305) 755-6239 Fax #: (305) 755-6301	I further understand that under Florida Rules of Juvenile Procedures, I have a right to have my case brought to trial within ninety (90) days from the date of arrest. In order to be considered for participation in a Civil Citation Initiative, I do hereby freely and voluntarily waive my right to a speedy trial, pursuant to the Florida Rules of Juvenile Procedure, Juvenile Constitution and the United States Constitution. Additionally, I understand that if I am accepted into Civil Citation Initiative and I violate any of the rules of the Citation, my case will be forwarded to the appropriate court for prosecution.
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Solely for the purpose of the Civil Citation Initiative (CCI), I admit to the offense(s) cited and waive my right to appear in court. I agree to have my case handled by the Miami Dade Juvenile Services Department Civil Citation Initiative. I understand that there may be sanctions assigned by the Civil Citation Initiative and/or partner agencies as authorized. **Additionally, I understand that I will be arrested and prosecuted for the offense(s) listed above if:**

- The victim objects to my participation in this program.
- I fail to report to the Civil Citation initiative assigned.
- I am arrested for any other crime prior to completion of the Civil Citation Initiative.
- I do not live, or continue to live, in Miami-Dade County, Florida.
- I fail to comply with the terms and conditions of the Civil Citation Contract.

JUVENILE'S SIGNATURE	DATE	OFFICER/TRANSPORTER'S SIGNATURE
OFFICER/TRANSPORTER'S NAME (Print)	AGENCY NAME.	COURT I.D #/LOC.CODE
Was Parent/Guardian Contacted? Y / N 1 st Attempt Date _____ Time _____ 2 nd Attempt Date _____ Time _____		Parent or Responsible Adult's Signature <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> (Right Thumb Print)
Distribution: White-Youth/Parent/Guardian • Yellow-JSD/Referral Reduction Coordinator		