

# Miami-Dade County Juvenile Services Department



## Juvenile Civil Citation Form

F.S. 985.12

275 N.W. 2<sup>nd</sup> Street Miami FL, 33128

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 <sup>st</sup> Offense:			2 <sup>nd</sup> Offense:	
School:			Grade:	
Parent/Guardian:		Cell#	Work#	

**Narrative:** See Arrest Affidavit Enclosed

**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<sup>nd</sup> 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.

Solely for the purpose of the Civil Citation Program (CCP), 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 County Juvenile Services Department Civil Citation Program. I understand that there may be sanctions assigned by the Civil Citation Program 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 Program assigned
- I am arrested for any other crime prior to completion of the Civil Citation Program
- I do not live, or continue to live in the State of 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<sup>st</sup> Attempt Date \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Attempt Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
 Parent or Responsible Adult's Signature

**Distribution:** White-Youth/Parent/Guardian • Yellow-JSD/Referral Reduction Coordinator

(Right Thumb Print)