



## At-Risk Complaint To Juvenile Section

### COMPLAINT TYPE – RECOMMENDATION

**To be completed by the JAC (Select One of the Following)**

- ☐ Category I: Assign to Diversion Docket  
☐ Category II: Acknowledgement of Complaint (Non-Docket)  
☐ Category III: Acknowledgement of Complaint (Non-Docket – On Probation with District Court)

### REFERRAL SOURCE

Name of Referring Agency \_\_\_\_\_

Phone Number \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

### AGENCY MAKING REFERRAL

☒ First Contact Agency
 ☐ Youth Assistance Program

### TYPE OF COMPLAINT AND REFERRAL REASON

Describe the nature of the complaint and factors that place the youth at-risk of formal court contact (select all that apply)

☐ Other:

- ☐ Substance Abuse      ☐ Home Curfew Issues  
☐ School Expulsion      ☐ School Truancy/Attendance  
☐ Truancy from Home      ☐ Escalating Aggressive Behavior  
☐ Not Responsive to Parental Direction

Complaint Initiated By and Relationship of Complainant to Juvenile:

### IDENTIFYING CASE INFORMATION

Juvenile's Name: (Last)				First:		Middle:	
DOB:		Sex:	Race:	Member of or eligible for membership in American Indian Tribe or Band:			
Height	Weight:	Eye Color:	Hair Color:	School/District: Detroit		Municipality and County of Residence:	
Father's Name:			Address:		Home Phone:	Work Phone:	
D.O.B.							
Mother's Name:			Address:		Home Phone:	Work Phone:	
D.O.B.							
Stepfather's Name:			Work Phone:	Stepmother's name:			Work Phone:
Guardian/Custodian's Name:			Address:		Home Phone:	Work Phone:	
D.O.B.							
Child living with:							
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother           Other: _____							
Referring Agency Signature:						Date	
Print or Type Agency Staff Name:			Address:			Agency Fax Number:	

### CONFIRMATION OF RECEIPT

Signature of Authorizing Court Personnel		Print or Type Name of authorizing Court Personnel:		Date Approved:
Court Case Closure for Category 1 Cases only. Jurist signature		Status of Case Closure: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Date:

**Please forward all complaints to: Court JAC Supervisor, 1025 E. Forest, Detroit, MI**