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| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | <i>FOR COURT USE ONLY</i> |
| CASE NAME: | |
| PROMISE TO APPEAR—JUVENILE DELINQUENCY (Juvenile 14 Years or Older) | |
| LAW ENFORCEMENT AGENCY: REPORT NUMBER: | |

Name of child:

Date of birth of child:

Address of child:

Phone number of child:

Name of parent, legal guardian, or adult relative:

Address of parent, legal guardian, or adult relative *(if different from that of child)*:

Phone number of parent, legal guardian, or adult relative *(if different from that of child)*:

1. I have been arrested for one or more of the following felony offenses *(list code violations alleged)*:

2. The police officer probation officer is releasing me to *(name)*:
who is my mother father legal guardian relative *(state relationship)*:

3. I PROMISE TO APPEAR

| | | | |
|--------------------|--------------------|-----------|-------|
| on <i>(date)</i> : | at <i>(time)</i> : | in Dept.: | Room: |
|--------------------|--------------------|-----------|-------|

located at courthouse address above other *(specify address)*:

4. I understand that if I do not come to court on the date and at the time indicated, the court may order that a warrant be issued for my arrest.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF CHILD)

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PARENT LEGAL GUARDIAN RELATIVE)

Witnessed by:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PROBATION OFFICER
 POLICE OFFICER *(agency)*):



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8.)

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| • ORIGINAL—Transmitted to court • Copy to youth • Copy to parent, guardian, or relative • Copy to probation |
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