



JUVENILE PETITION

STATUS OFFENSE PUBLIC OFFENSE

CDW Referral No. _____
Juvenile ID _____
Case No. _____
Court District Family
County _____
Division _____

IN THE INTEREST OF: _____, A CHILD

DOB	Sex	Race	SSN

Said child resides at:
Address: _____ Phone: _____

School: _____

Mother: _____

Address: _____ Phone: _____

Father: _____

Address: _____ Phone: _____

Person(s) with physical custody: _____

Relationship to the child if other than parent: _____

- Any other: legal guardian other than a parent is: (or)
 nearest known adult relative if no parent or guardian is known or can be found is: (or)
 person with custody or control of the child is:

Name: _____ Phone: _____

Address: _____

Based upon the attached verified Complaint and supporting documentation, the juvenile is charged with the following offense(s):

Offense	KRS	UOR Code

Petitioner requests the following:

- That this matter be set for an initial hearing on (date/time) _____, 2_____,
_____ a.m. p.m. at (location) _____.
- That Summons be issued pursuant to KRS 610.040.

_____, 2_____
Date

County Attorney

**DISTRIBUTION: Original to Court File County Attorney CDW
Copy of Petition and Complaint (no attachments) to be served with Summons**