



Miami-Dade Juvenile Services Department

Juvenile Prearrest Delinquency Form

F.S. 985.12

275 N.W. 2nd Street • Miami, Florida 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 ST Offense:			2 ND 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 inquire about your Prearrest Delinquency Citation. If you were not transported to the Juvenile Assessment Center, fax all your paperwork to the Referral Reduction Coordinator. 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. 2ND 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 Prearrest Delinquency Citation Program, 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 Prearrest Delinquency Citation Program 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 Prearrest Delinquency Citation Program (PDCP), 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 Prearrest Delinquency Citation Program. I understand that there may be sanctions assigned by the Prearrest Delinquency 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 Prearrest Delinquency Citation Program assigned.
- I am arrested for any other crime prior to completion of the Prearrest Delinquency 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 Prearrest Delinquency 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				_____ Parent or Responsible Adult's Signature
1 ST Attempt	Date _____	Time _____		
2 ND Attempt	Date _____	Time _____		
Distribution: White - Youth/Parent/Guardian • Yellow - JSD/Referral Reduction Coordinator				(Right Thumb Print)