

**IN THE COURT OF COMMON PLEAS OF MEDINA COUNTY, OHIO  
JUVENILE DIVISION**

**COMPLAINT**

**CASE NO.** \_\_\_\_\_ **SECTION:** \_\_\_\_\_

**IN RE:** \_\_\_\_\_ **Parent/Father**

**AGE/DOB:** \_\_\_\_\_ **Address**

**ADDRESS:** \_\_\_\_\_ **Parent/Mother**

\_\_\_\_\_ **Address**

\_\_\_\_\_ **Guardian/Custodian**

\_\_\_\_\_ **Address**

**Count** \_\_\_\_ **of** \_\_\_\_

The undersigned, being first duly cautioned and sworn, deposes and alleges that he/she has knowledge, information, and belief that \_\_\_\_\_ is a delinquent child as provided in Ohio Revised Code §2152.02, in that on or about \_\_\_\_\_ in the county of Medina and State of Ohio, the child did:

**To Wit:** (State essential facts constituting charged offense.)

contrary to and in violation of Section \_\_\_\_\_ of the Revised Code of Ohio, a \_\_\_\_\_ of the \_\_\_\_\_ degree. The complainant believes the within named child committed the offense based on \_\_\_\_\_

Sworn to before me and subscribed in my presence, this 9th day of January 2026.

**Judge Kevin W. Dunn**  
Judge and Ex Officio Clerk of the Court of  
Common Pleas, Juvenile Division

\_\_\_\_\_  
Complainant (sign here)

\_\_\_\_\_  
Address

\_\_\_\_\_  
By: Deputy Clerk/Notary Public (sign here)

**MEDINA COUNTY JUVENILE COURT  
OFFENSE/ARREST INVESTIGATION REPORT**

Incident # \_\_\_\_\_

<b>Name:</b> (First, Middle, Last)					<b>Address:</b> (Street, City, State, Zip)				
<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/>					<b>Visible Signs of Illness, Injury, Pregnancy, or Mental Disorder:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				
<b>Race:</b>		<b>Hgt:</b>		<b>Wgt:</b>					

<b>Date of Arrest:</b>	<b>Time of Arrest:</b>	<b>Statement Taken:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Physical Evidence</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Weapon</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Injuries</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Arresting Officer, Badge No., Department</b>	<b>Complainant's Name, Address, Phone Number</b>
<b>Co-Defendant's Name, Address, Phone Number</b>	<b>Victim's Name, Address, Phone Number, Email Address</b>
<b>Co-Defendant's Name, Address, Phone Number</b>	<b>Victim's Name, Address, Phone Number, Email Address</b>

**Additional Information:**

**JUVENILE DETENTION CENTER STAFF TO COMPLETE:**

<b>The above juvenile was released to:</b> (Name, Address, Phone No.)
<b>The above juvenile was detained:</b> <input type="checkbox"/> Pursuant to Order of the Court <input type="checkbox"/> Pursuant to the law of arrest
<input type="checkbox"/> Detention or care is required to protect the child from immediate or threatened physical or emotional harm <input type="checkbox"/> Child may abscond or be removed from the jurisdiction of the Court <input type="checkbox"/> He/she has no parent, guardian, custodian, or other person able to provide supervision and care for him/her and return him/her to the Court when required
<input type="checkbox"/> <b>Job and Family Services Contacted?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <b>Medical Clearance Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Clearance Completed? (Date & Time)

**MEDINA COUNTY JUVENILE COURT  
OFFENSE/ARREST INVESTIGATION REPORT**

Incident #