## INFORMAL STATION ADJUSTMENT CPD-24.137 (REV. 8/11) YOUTH INVESTIGATIONS SECTION/CHICAGO POLICE DEPARTMENT **SECTION A** YIS NO./IR NO. Send Copy to OVERRIDE Juvenile Court RACE NAME DATE OF BIRTH AGE MCC ADDRESS TELEPHONE NO. MISDEMEANOR FELONY **CHARGES OVERRIDE - DETECTIVE'S NAME** CB NO. ASA DIST. OF ARREST PREVIOUS HISTORY ARRESTING OFFICER(S) UNIT MIRANDA WARNINGS **ATTACHED ADMINISTERED** SUMMARY R.D. NO. NARRATIVE **SECTION B** SPECIFIC CONDITIONS HEREIN IMPOSED AGREE TO ATTEND SCHOOL ABIDE BY THE FOLLOWING CURFEW \_\_\_\_\_ PHONE NO. \_\_\_\_\_ AGREE TO SOCIAL AGENCY REFERRAL AGENCY \_\_\_ REFERRAL TO JUVENILE PROBATION DEPARTMENT WILL PERFORM UP TO 25 HOURS OF COMMUNITY SERVICE WILL REFRAIN FROM ENTERING DESIGNATED GEOGRAPHICAL AREAS \_\_\_\_\_ WILL REFRAIN FROM CONTACT WITH SPECIFIC PERSONS \_\_\_ WILL PARTICIPATE IN COMMUNITY MEDIATION\_ WILL PARTICIPATE IN TEEN PEER COURT \_\_\_\_\_ OTHER (SPECIFY) \_ INFORMAL ADJUSTMENT ENDS INFORMAL ADJUSTMENT BEGINS \_ SECTION C THIS SECTION IS TO BE READ ALOUD TO THE MINOR AND HIS PARENT/GUARDIAN IF MINOR REFUSES TO OR FAILS TO ABIDE BY CONDITIONS OF THIS INFORMAL STATION ADJUSTMENT, THE DETECTIVE MAY IMPOSE A FORMAL STATION ADJUSTMENT OR REFER THE MATTER TO THE STATE'S ATTORNEY'S OFFICE. I UNDERSTAND AND FULLY AGREE TO THE TERMS AND CONDITIONS DESCRIBED ABOVE.

SIGNATURE OF MINOR					DATE			
PARENT/GUARDIAN'S NAME					SIGNATURE	SIGNATURE		
ADDRESS					l	TELEPHONE NO.		
FATHER'S NAME		ADDR	RESS			TELEPHONE NO.		
MOTHER'S NAME		ADDRESS				TELEPHONE NO.		
DETECTIVE (PRINTED NAME)	STAR NO		UNIT NO.	SUPERVISOR (PRINTED NAME)	)	STAR NO.	UNIT NO.	
DETECTIVE'S SIGNATURE				SUPERVISOR'S SIGNATURE		<u>l</u>		

FORMAL STATION ADJUSTMENT COMPLETED SUCCESSFULLY UNSUCCESSFULLY DATE ADJUSTMENT VIOLATED -

CONDITIONS VIOLATED

DETECTIVE'S SIGNATURE

UNIT NO. DATE