

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

NEW CRIMES IN DETENTION AND TREATMENT FACILITIES

Authority:

Tracy Reece, Chief Probation Officer

Purpose:

To establish a protocol for reporting, investigating, and submitting a new crime filing with the District Attorney's Office in the event a youth commits a new offense while in a detention or treatment facility.

Definitions:

Application for Petition (AFP): A document required by the District Attorney's Office when requesting a new criminal charge (Attachment B).

Closed Circuit Television Security System (CCTSS): A system by which mounted video cameras and microphones monitor and record activities throughout the facility.

Evidence Collection Tracking Form: A written record of every person who handled or examined any evidence in order to preserve the evidence chain of custody (Attachment C).

Probable Cause Declaration (PC Dec): A document required by the District Attorney's Office when requesting a new criminal charge (Attachment B).

Uniform Crime Report Forms (CR1-4): Documents completed by the arresting agency to gather and record information regarding an incident or crime (Attachment A).

Responsibilities:

- I. Probation Corrections Officer (PCO):
 - A. Report any incident which is believed to be a violation of any law to the area supervisor.
 - B. If applicable, render first aid as needed when safe and follow additional steps according to the appropriate procedure(s) (E.g. Code Red, Code Blue, etc.).
 - C. If applicable and as soon as practical, separate involved parties (victim from perpetrator).
 - D. Preserve evidence (E.g. Drugs, weapons, electronics, etc.) and restrict access as needed depending on the crime committed.
 - E. Initiate the Evidence Collection Tracking Form (Attachment C) if collecting evidence for safekeeping.
 - F. Complete other duties as required.

- II. Probation Corrections Supervisor I (PCSI):
 - A. Respond to the scene and ensure medical aid is provided if necessary.
 - B. Ensure the safety of all parties involved (Youth and/or staff).
 - C. Assess the incident and determine if new charges should be considered.
 - D. Collect and/or preserve evidence (E.g. clothing, photos, weapons, etc.) by following departmental procedures.
 - E. If applicable, initiate an Evidence Collection Tracking Form (Attachment C) if one has not been started.

- F. Prepare and submit an In-Custody Checklist for Filing Charges form (Attachment D) to the Watch Commander containing pertinent information to determine if a crime occurred. Information shall include the following:
 - 1. Identification of suspects, victims, and witnesses.
 - 2. Probation and Court status.
 - 3. A description of injuries.
 - 4. A synopsis of the incident.
- G. Shall not interview or ask questions to potential suspects regarding the circumstances of the alleged crime.
- H. Submit CCTSS video recording with the In-Custody Checklist for Filing Charges form.
- I. Complete other duties as required.

III. Probation Corrections Supervisor II (PCSII)/Watch Commander (WC):

- A. Respond to the scene.
- B. Assess for resources needed.
- C. Review the In-Custody Checklist for Filing Charges (Attachment D) and determine if the incident will be forwarded to the Intake Unit based on the information provided.
- D. If charges are being pursued, notify the facility Superintendent.
- E. Ensure the following:
 - 1. Suspect(s) is not interviewed regarding the circumstances of the crime if established or suspected to have occurred.
 - 2. Based on the circumstances and nature of the incident, determine if there is a need to move the victim(s) and/or the suspect(s) to another unit.
 - 3. Evidence is collected, recorded, and/or preserved.
- F. Contact the Intake Supervising Probation Officer or designee and forward all related documentation.
 - 1. If the incident occurs after regular business hours, determine if the local law enforcement (LE) agency should be contacted. Contact the On-Call Duty Officer for assistance if needed.
 - 2. Consider the type of crime, as some cases require immediate action (E.g. sex crimes) to process evidence.
 - 3. If possible, have involved staff stand by and be available to provide statements to the responding agency.
- G. Notify the On-Call and facility Division Director II in extreme emergencies and instances of serious injury or death of a person.
- H. Submit evidence, including CCTSS recordings, to the investigating entity.
- I. If the incident occurs after hours, and law enforcement is not conducting the investigation, secure the evidence in an evidence locker.

IV. Intake Supervising Probation Officer:

- A. Review the In-Custody Checklist for Filing Charges form (Attachment D) and determine if a new filing is appropriate.
- B. Determine if local law enforcement assistance is needed.
- C. For new crime filings submitted by the Probation Department:
 - 1. Assign an Intake Probation Officer to conduct the investigation.
 - 2. Ensure an Application for Petition form, a Probable Cause Declaration, and applicable Uniform Crime Reports are completed and submitted to the DA's Office.
 - 3. Ensure documentation is submitted to the DA's Office within 24 hours after the arrest.
 - 4. File a copy of the crime report (CR forms) to the Multi-Enforcement Team (MET) Unit Supervisor for record-keeping.

V. Intake Probation Officer:

- A. Conduct an investigation by:
 - 1. Interviewing victim(s), witness(es), and suspect(s).
 - a. If the suspect is under the age of eighteen (18) years of age at the time of the offense, contact the existing attorney of record or the On-Call Deputy Public Defender prior to the interview.
 - 2. Collecting evidence (E.g. surveillance video/photographs/securing physical evidence in an evidence locker).
- B. At the conclusion of the investigation:
 - 1. Determine if there is probable cause to arrest the youth for the alleged crime(s).
 - 2. Verify information in the In-Custody Checklist form (Attachment D).
 - 3. Place the youth under arrest or inform the WC about the reason(s) for not filing the new charge(s).
 - 4. If charges are filed:
 - a. Complete and submit the packet to the DA containing the AFP, PC Declaration, and required CR Forms within 24 hours from the arrest.
 - b. Ensure three (3) copies of the filing packet are submitted to the DA.
- C. Complete other duties as required.

VI. Division Director:

- A. The designated JDAC Division Director will submit all written reports to the DCB Deputy Chief Probation Officer within twenty-four (24) hours of the requested LE assistance.

VII. Law Enforcement Request:

- A. Any crime committed by a youth in a detention or treatment facility that requires a law enforcement agency to respond and complete an investigation may include but is not limited to the following:
 - 1. Any law violation listed in Welfare and Institution Code Section 707(b).
 - 2. Sexual acts, specifically those that involve violence/force on another person.
 - 3. Any assault against a staff member or a minor that results in serious bodily injury or hospitalization.

Guidelines:

- A. Certain criminal offenses may require that an outside law enforcement agency assume the chain of evidence of a crime (E.g. sexual assaults).
- B. Generally, misdemeanor offenses should be reviewed by the Intake Unit prior to contacting the local LE agency to determine if filing is appropriate.
- C. If other agency members are involved in the incident, such as FAST/DBH/Schools, the Division Director or designee will make the appropriate notifications to those agencies when necessary.
- D. Refer to the respective departmental procedures for incidents of a sexual nature or resulting in serious bodily injury or death.
- E. An alleged new offense does not preclude officers from debriefing use of force incidents with the youth to mitigate the effects of trauma as long as the circumstances of the offense are not discussed.

Inspections:

Refer to the Policy and Procedure Inspection Matrix.

Foundation:

Welfare and Institutions Codes: 625, 625.6, 626(d), 627.5
Title 15, Section 1357

References:

Memorandum of Agreement between the San Bernardino County Sheriff's Department and the San Bernardino County Probation Department (MOA).

Procedure

Closed Circuit Television Security System (CCTSS) Digital In-Vehicle Recording System (DIVRS)
Code Blue
Code Red
Coordinated Response to Sexual Abuse and Sexual Harassment in the Juvenile Detention and Assessment Center (JDAC) and Treatment Facility (TF)
Critical Incident Notification
Death of a Youth While Detained in a Juvenile Detention and Assessment Center or Treatment Facility
Incidents of Gassing in JDACs and Treatment Facilities
Line-Of-Duty Death
On-Call Duty Officer
Reporting Criminal Threats
Reporting of Suspected Child Abuse
Requesting Police Assistance

Replaces:

TDO #33 - New Crime Filings in JDACs and Treatment Facilities

Issued by:



Tracy Reece, Chief Probation Officer

Original Issue Date: August 19, 2021

Attachments:

- A – Uniform Crime Report Forms
- B – Application for Petition and Probable Cause Declaration
- C – Evidence Collection Tracking Form
- D – In-custody Checklist for Filing Charges

3/20 (CR1) PROBATION DEPARTMENT COUNTY OF SAN BERNARDINO, CA UNIFORM CRIME REPORT 03600	1. CODE SECTION <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER	2. CRIME DEFINITION	3. CASE NO CRIME CODE
	4. ASSIGNMENT MO-DAY-YEAR-TIME	5. ARRIVED MO-DAY-YEAR-TIME	6. BEAT
8. OCCURRED DAY OF WEEK MO-DAY-YEAR-TIME	9. REPORTED MO-DAY-YEAR-TIME	10. LOCATION OF OCCURRENCE CITY	

CODES FOR BOXES 12 & 22 ARE: V = VICTIM W = WITNESS RP = REPORTING PARTY DC = DISCOVERED CRIME IP = INVOLVED PARTY

V I C T I M W I T N E S S	11. LAST, FIRST MIDDLE (FIRM IF A BUSINESS)				12.	13. RESIDENCE-ADDRESS-STREET-CITY-ZIP				14. RESIDENCE PHONE	
	15. OCCUPATION		16. RACE/SEX	17. AGE	18. DOB M-D-YR	19. BUSINESS ADDRESS STREET-CITY-ZIP				20. BUSINESS PHONE	
	21. NAME: LAST, FIRST, MIDDLE (FIRM IF A BUSINESS)				22.	23. RESIDENCE ADDRESS-STREET-CITY-ZIP				24. RESIDENCE PHONE	
	25. OCCUPATION		26. RACE/SEX	27. AGE	28. DOB M-D-YR	29. BUSINESS ADDRESS-STREET-CITY-ZIP				30. BUSINESS PHONE	

S U S P E C T S	31. SUSPECT NO.1 LAST, FIRST, MIDDLE			32. RACE/SEX	33. AGE	34. HT.	35. WT.	36. HAIR	37. EYES	38. DOB	39. ARRESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	40. INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO	
	41. RESIDENCE-ADDRESS-STREET-CITY-ZIP					42. CLOTHING AND OTHER IDENTIFYING MARKS/CHARACTERSTICS							
	43. SUSPECT NO 2 LAST, FIRST, MIDDLE			44. RACE/SEX	45. AGE	46. HT	47. WT	48. HAIR	49. EYES	50. DOB	51. ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO	52. INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO	
	53. RESIDENCE ADDRESS-STREET-CITY-ZIP					54. CLOTHING AND OTHER IDENTIFYING MARKS/CHARACTERSTICS							

I N V	55. CHECK IF MORE NAMES IN CONTINUATION <input type="checkbox"/> YES <input type="checkbox"/> NO					56. ADDITIONAL INFORMATION <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFICER <input type="checkbox"/> OTHER						
	57. PHYSICAL EVIDENCE RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO				58. PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO			59. LATENT PRINTS LIFTED <input type="checkbox"/> YES <input type="checkbox"/> NO				
	60. VEHICLE <input type="checkbox"/> V <input type="checkbox"/> S	61. COLOR	62. YEAR	63. MAKE	64. MODEL	65. BODY TYPE	66. LIC.	67. STATE	68. DAMAGE/ODDITY/ACCESSORIES			

C R I M E S T A T S	69. ROBBERY WEAPON: <input type="checkbox"/> FIREARM <input type="checkbox"/> OTHER DANGEROUS WEAPON <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> STRONG ARM					LOCATION: <input type="checkbox"/> HIGHWAY <input type="checkbox"/> OTHER BUSINESS <input type="checkbox"/> SERV. STATION <input type="checkbox"/> CONVENIENCE STORE <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BANK <input type="checkbox"/> MISC.						
	70. ASSAULT WEAPON: <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT <input type="checkbox"/> OTHER DANGEROUS WEAPON					<input type="checkbox"/> HANDS/FEET <input type="checkbox"/> SIMPLE/NO INJURY						
	71. BURGLARY <input type="checkbox"/> NIGHT <input type="checkbox"/> DAY <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> FORCEIBLE ENTRY <input type="checkbox"/> ENTRY-NO FORCE <input type="checkbox"/> ATTEMPT BY FORCE			<input type="checkbox"/> RESIDENCE <input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-RESIDENCE (BUILDING)					
	72. LARCENY <input type="checkbox"/> PICKPOCKET <input type="checkbox"/> PURSE-SNATCH		<input type="checkbox"/> SHOPLIFT <input type="checkbox"/> FROM MOTOR VEHICLE			<input type="checkbox"/> MOTOR VEHICLE PARTS <input type="checkbox"/> BICYCLES		<input type="checkbox"/> FROM BLDG: NOT SHOPLIFT OR MACHINES <input type="checkbox"/> FROM COIN-OPERATED MACHINES <input type="checkbox"/> ALL OTHERS				
	73. PROPERTY TYPES & VALUES		CURRENCY, NOTES \$			TV, STEREO, ETC. \$		CONSUMABLE GOODS \$				
			JEWELRY \$			FIREARMS \$		LIVESTOCK \$				
			CLOTHING \$			HOUSEHOLD GOODS \$		OTHER MISC. \$				
		OFFICE EQUIPMENT \$					TOTAL \$					
74. DOMESTIC VIOLENCE INJURIES: <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR					WEAPONS: <input type="checkbox"/> YES <input type="checkbox"/> NO							
75. PEACE OFFICER ASSAULTED/ARSON <input type="checkbox"/> YES, IF YES, COMPLETE BOXES 1,2,3,4 AND 34 OR 35 ON CR-4 FORM												

S Y N O P S I S	76. SYNOPSIS										

77. REPORTING OFFICER		78. EMP #	79. DATE	80. REVIEWED BY		DATE	81. ROUTED TO <input type="checkbox"/> SUBMIT TO D/A <input type="checkbox"/> IMMEDIATE FOLLOW-UP <input type="checkbox"/> OTHER			
82. REPORTING OFFICER IS 115 QUALIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO						83. GANG RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO				

San Bernardino County Probation Department

CASE NO.

POR

REPORT AREA

SB Probation Dept.

CODE SECTION

CRIME

CLASSIFICATION

VICTIM'S NAME - LAST NAME

FIRST NAME

MIDDLE NAME

(FIRM NAME IF BUSINESS)

ADDRESS

RESIDENCE

PHONE

ADD OR REMOVE HEADINGS AS NEEDED

Assignment:**Request for Assistance:****Interview of Witness:****Arrest and interview of the Suspect-:****Evidence:****Disposition:**

REPORTING OFFICER

DATE

REVIEWED BY

TYPED BY

ROUTED BY

DATE

FURTHER ACTION:

 YES NO

COPIES TO:

 Other SD/PD Detective CII Other Dist. Atty. Patrol

REMARKS

PROBATION DEPARTMENT
 COUNTY OF SAN BERNARDINO

3/20 (CR-3)

CASE NO.
PAGE OF

EVIDENCE/PROPERTY CONTINUATION REPORT

ITEM NO.	SERIAL NO.	DESCRIPTION	VALUE	BAR CODE LABEL

REPORTING DEPUTY AND EMPLOYEE NO.	DATE	REVIEWED BY:	PROPERTY OFFICER AND EMPLOYEE NO.	DATE:
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3/20 (CR-4)						PROBATION DEPARTMENT- County of San Bernardino						1. CASE NUMBER-STATION	
COMPLAINT-DISPOSITION REPORT-PROPERTY RELEASE													
2. CODE SECTION				3. CRIME DEFINITION				4. CLASSIFICATION					
V I C S U S P E C T S	5. VICTIM NAME/OTHER LAST, FIRST, MIDDLE (FIRM NAME OF BUSINESS)				6. ADDRESS STREET, CITY, ZIP				<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		7. PHONE NUMBER () -		
	8. SUSPECT NAME 1 LAST, FIRST, MIDDLE				9. RACE/SEX		10. AGE	11. HEIGHT	12. WEIGHT	13. HAIR	14. EYES	15. DOB	
	16. RESIDENCE ADDRESS STREET, CITY ZIP				16. CLOTHING & OTHER IDENTIFYING MARK/CHARACTERISTICS								
	18. SUSPECT NAME 2 LAST, FIRST, MIDDLE				19. RACE/SEX		20. AGE	21. HEIGHT	22. WEIGHT	23. HAIR	24. EYES	25. DOB	
26. RESIDENCE ADDRESS STREET,				27. CLOTHING & OTHER IDENTIFYING MARK/CHARACTERISTICS				28. ADD'L NAMES					
C R I M E S T A T S	29. ROBBERY NUMBER		<input type="checkbox"/> FIREARM <input type="checkbox"/> OTHER DANGEROUS WEAPON		LOCATION		<input type="checkbox"/> HIGHWAY <input type="checkbox"/> OTHER BUSINESS		<input type="checkbox"/> BANK				
	<input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> STRONG ARM				<input type="checkbox"/> SERVICE STATION <input type="checkbox"/> CONVENIENCE STORE		<input type="checkbox"/> RESIDENCE		<input type="checkbox"/> MISC				
	30. ASSAULTS		WEAPON: <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> OTHER DANGEROUS WEAPON		<input type="checkbox"/> HANDS/FEET		<input type="checkbox"/> SIMPLE/NO INJURY						
	31. BURGLARY		<input type="checkbox"/> NIGHT <input type="checkbox"/> DAY		<input type="checkbox"/> FORCIBLE ENTRY <input type="checkbox"/> ENTRY-NO FORCE		<input type="checkbox"/> RESIDENCE		<input type="checkbox"/> NONRESIDENCE (BUILDING)				
32. LARCENY		<input type="checkbox"/> PICKPOCKET <input type="checkbox"/> SHOPLIFT		<input type="checkbox"/> MOTOR VEHICLE PARTS		<input type="checkbox"/> FROM BLDG : NOT SHOPLIFT OR MACHINES							
<input type="checkbox"/> PURSE SNATCH <input type="checkbox"/> FROM MOOR VEHICLE		<input type="checkbox"/> BICYCLES		<input type="checkbox"/> FROM COIN-OPERATED MACHINES									
33. PROPERTY TYPES AND VALUE		RECOVERED		RECOVERED		RECOVERED		RECOVERED					
CURRENCY NOTES \$		TV, STERO, ETC \$		CONSUMABLE GOODS \$									
JEWELRY \$		FIREARMS \$		LIVESTOCK \$									
CLOTHING, FURS \$		HOUSEHOLD GOODS \$		OTHER MISC \$									
OFFICE EQUIP \$		NCIC ENTRY COMPLETED \$		TOTAL PROPERTY RECOVERED \$									
O F F I C E A S S I G N M E N T	35. PEACE OFFICER		<input type="checkbox"/> ASSAULTED <input type="checkbox"/> KILLED BY FELONIOUS ACT		<input type="checkbox"/> KILLED BY ACCIDENT/NEGLIGENCE		INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO						
	WEAPONS: <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> OTHER DANGEROUS WEAPON		<input type="checkbox"/> HANDS/FEET								
	ASSIGNMENT: <input type="checkbox"/> 2-MAN VEHICLE <input type="checkbox"/> 1-MAN VEHICLE		<input type="checkbox"/> DET/SPEC		<input type="checkbox"/> OTHER VEHICLE								
	TYPE OF ACTIVITY: <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DISTURBANCE <input type="checkbox"/> BURGLARY <input type="checkbox"/> ROBBERY		<input type="checkbox"/> OTHER ARRESTS		<input type="checkbox"/> CIVIL DISORDERS		<input type="checkbox"/> HANDLING PRISONERS				
<input type="checkbox"/> SUSPICIOUS PERSONS/CIRCST.		<input type="checkbox"/> AMBUSH		<input type="checkbox"/> MENTALLY DISTURBED		<input type="checkbox"/> TRAFFIC STOP		<input type="checkbox"/> ALL OTHERS					
C O M P L A I N T	36. COMPLAINT INFORMATION				37. DATE		38. DEPUTY DISTRICT ATTORNEY		39. CHARGES FILED				
	<input type="checkbox"/> CASE REVIEWED AND COMPLAINT FILED												
	<input type="checkbox"/> COMPLAINT REJECTED - SEE REJECTION SLIP												
	40. VICTIMS/WITNESSES RECONTACTED				<input type="checkbox"/> CASE REVIEWED AND FOUND TO BE COMPLETE, LETTER				41. DATE				
<input type="checkbox"/> VICTIM(S) SENT				<input type="checkbox"/> NO NEW LEADS, INFORMATION, OR SUBJECTS IDENTIFIED									
<input type="checkbox"/> WITNESS(ES)				<input type="checkbox"/> VICTIM ADVISED THAT PROSECUTION NO LONGER DESIRED									
<input type="checkbox"/> NEIGHBORHOOD/AREA CHECKED													
42. COMMENTS													
P R O P E R T Y R E L E A S E	COMMENTS												
	CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM THE LEGAL OWNER AND ENTITLED TO TAKE POSSESSION OF SAID PROPERTY.												
	DRIVER'S LICENSE NUMBER						MISCELLANEOUS						
	SIGNATURE						DATE						
D I S P O S I T I O N	43. DISPOSITION: <input type="checkbox"/> NO ADDITIONAL LEADS <input type="checkbox"/> CASE UNFOUNDED <input type="checkbox"/> CASE CLEARED BY EXCEPTIONAL MEANS <input type="checkbox"/> CASE CLEARED BY ARREST <input type="checkbox"/> PROP. RELEASED												
	44. REPORTING OFFICER			45. EMP#			46. DATE		47. REVIEWED BY			DATE	

APPLICATION
INFORMATION ONLY
PROBATION/PAROLE OFFICER _____

SAN BERNARDINO COUNTY
APPLICATION FOR PETITION
AND
JUVENILE STATEMENT OF PROBABLE CAUSE

AGENCY _____
CASE NO. _____
OFFICER NO. _____

PLEASE PRINT OR TYPE

NAME (LFM) _____ FATHER/STEPPARENT _____
ADDRESS _____ SP/APT _____ MAILING ADDRESS _____
CITY _____ ZIP _____ CITY _____ ZIP _____
HOME PHONE _____ PHONE HOME _____ WORK _____
SCHOOL _____ CDL _____
GRADE _____ ATTENDING? YES NO MOTHER/STEPPARENT _____
DOB _____ BIRTHPLACE _____ MAILING ADDRESS _____
AGE _____ SEX Female RACE _____ CITY _____ ZIP _____
WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____ PHONE HOME _____ WORK _____
CDL _____ CDL _____
GANG MEMBER? YES NO 'TATS' _____ PARENT/GUARDIAN ADVISED PER W&I 627 (a)? YES NO
GANG NAME _____ NAME OF PERSON NOTIFIED _____
MONIKER _____ DATE/TIME OF CALL _____

OFFENSE(S) _____ DATE/TIME OF OFFENSE(S) _____
DATE/TIME OF ARREST _____
AMOUNT OF LOSS TO THE VICTIM _____ ARRESTED BY _____
W&I CODE SECTION 601 602 NUMBER OF PRIOR AGENCY CONTACTS _____

JUVENILE RELEASED TO _____ PHONE _____
RELATIONSHIP _____ DATE/TIME _____
JUVENILE HALL DETENTION CLEARED BY _____ DELIVERED BY _____

(FILL OUT MEDICAL HISTORY AND PROBABLE CAUSE STATEMENT ON BACK)

NO PRIOR PRIORS ATTACHED

PROBATION USE ONLY

JPIN NO	SOC NO	CO-PARTS NAME/S	DOB	JPIN#
J NO	P.O. NO	_____	_____	_____
OPER	DATE			
	SUP INT			

DETENTION HRG / SPECIAL HRG DATE:

JUVENILE'S MEDICAL HISTORY

(MUST BE FILLED OUT PRIOR TO DELIVERY TO JUVENILE HALL)

JUVENILE UNDER THE CARE OF A DOCTOR OR TAKING MEDICATION? YES NO

DOCTOR _____ TYPE OF MEDS/
ILLNESS _____

ANY HISTORY OF/OR INDICATION OF MENTAL DISORDER OR SUICIDAL TENDENCIES? YES NO

UNDER THE INFLUENCE? YES NO INJURY? YES NO HOSPITAL CLEARED? YES NO

SEXUAL OFFENSE HISTORY? YES NO VIOLENCE HISTORY? YES NO IEP? YES NO

UNSTABLE HOME/TRANSIENT/INDEPENDENT? YES NO DRUG / ALCOHOL DEPENDANT? YES NO

EXPLAIN ANY YES BELOW

/

JUVENILE PROBABLE CAUSE DECLARATION

JUVENILE'S NAME _____

D.O.B. _____

OFFENSE (S) _____

DATE/TIME ARRESTED _____

48 HR EXP DATE/TIME _____

FACTS ESTABLISHING ELEMENTS AND IDENTIFICATION OF THE JUVENILE:

/

I, _____, *Officer's Name (PRINT)*, DECLARE UNDER PENALTY OF PERJURY THAT THE

FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

EXECUTED ON _____ AT SAN BERNARDINO COUNTY, CALIFORNIA BY _____
Date *Signature*

ON THE BASIS OF THE OFFICER'S DECLARATION, I HEREBY DETERMINE THAT THERE IS IS NOT PROBABLE CAUSE TO
BELIEVE THE JUVENILE HAS COMMITTED A CRIME.

Date

Time

Signature of Judicial Officer

PROBATION DEPARTMENT
 COUNTY OF SAN BERNARDINO

CASE NO.
PAGE OF

EVIDENCE COLLECTION TRACKING FORM

OFFICER'S NAME (Print) & INITIALS	ITEM NO.	DESCRIPTION	TIME AND DATE OF COLLECTION
REPORTING OFFICER AND EMPLOYEE NO.	DATE	PROPERTY OFFICER AND EMPLOYEE NO.	DATE:

IN-CUSTODY CHECKLIST FOR FILING CHARGES

AGGRESSOR(S)

NAME	PIN	CURRENT CHARGES	707(b) TRUE FINDING	COURT STATUS	NEXT COURT DATE
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

VICTIM(S)

NAME	PIN	DESCRIBE INJURIES

STAFF/WITNESSES

NAME	TITLE	ROLE

LE CONTACTED	VIDEO NUMBER	DATE SUBMITTED TO INTAKE	PICTURES Y/N
<input type="checkbox"/> Yes <input type="checkbox"/> No DR#			

BRIEF SYNOPSIS OF INCIDENT:

SUBMITTED BY: _____

REVIEWED BY PCSII: _____