

CLERMONT COUNTY JUVENILE COURT  
OFFENSE/ARREST INVESTIGATION REPORT Incident #

Name (First, Middle, Last)		Address (Street, City, State, Zip)		
Phone No.	Nickname/Alias	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Hgt.      Wgt.      Hair      Eyes
Age/DOB	SSN	Description of Clothing at time of Arrest		
Marks, Scars, Deformities, Tattoos		Visible Signs of Illness, Injury or Mental Disorder    Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:		
Does Arrestee have any Health Problems?    Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:				
Father's Name & Address				
Mother's Name & Address				
Custodian/Guardian's Name & Address				
Defendant's Employer Name & Phone		School Name & Grade		
Place of Arrest (Street, City, State & Zip)		Date of Arrest	Time of Arrest	Arrest Document
Location of Offense (Street, City, State & Zip)		Date of Offense	Time of Offense	Property No.
Statement Taken: Yes <input type="checkbox"/> No <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/>		Co-Defendant Statement Taken?    Yes <input type="checkbox"/> No <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/>		
Charges – ORC No.		Charges – ORC No.		
Charges – ORC No.		Charges – ORC No.		
Physical Evidence?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Restitution?    Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$		
Weapon?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Damages?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Injuries?    Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:				
Arresting Officer, Badge No., Department		Witness' Name, Address, Phone Number:		
Complainant's Name, Address, Phone Number		Victim's Name, Address, Phone Number		
Co-Defendant's Name, Address, Phone Number		Victim's Name, Address, Phone Number		
Co-Defendant's Name, Address, Phone Number		Victim's Name, Address, Phone Number		
Co-Defendant's Name, Address, Phone Number		Victim's Name, Address, Phone Number		

Facts of Offense:

The above juvenile was released to: (Name, Address, Phone No.)

The above juvenile was detained (check one):  Pursuant to Order of the Court       Pursuant to the law of arrest

Detention or care is required to protect the child from immediate or threatened physical or emotional harm

Child may abscond or be removed from the jurisdiction of the Court

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.