

KANSAS JUVENILE DISPOSITION REPORT

Transaction No. _____

Subject & Offense Data	Last Name	First Name	Middle Name	Suffix	Date of Birth	Sex	Race	SSAN
	Arresting Agency ORI	Arresting Agency Name			Date of Arrest	Agency Case #		Juvenile Waived to Adult (date)
Parent/Guardian	Last Name	First Name	Middle Name	Suffix	Last Name	First Name	Middle Name	Suffix
	Prosecutor ORI	Court Filings	Case Filed <input type="checkbox"/> Y <input type="checkbox"/> N	Court Case #	Diversion	Date Diverted	Date Diversion Revoked	Case Dismissal
Date of Filing or Declination	Court ORI		Length _____ Mos.	Date Early Termination		Dismissed By <input type="checkbox"/> Prosecutor <input type="checkbox"/> With Prejudice <input type="checkbox"/> Court <input type="checkbox"/> Without Prejudice		

Arrested/Filed/Amended Charges								Charge Disposition
K.S.A. Title-Section	Subsections	F M	A C S	Firearm Used	Description	Number of Counts		
1								
1A								
2								
2A								
3								
3A								
4								
4A								
5								
5A								
6								
6A								

Pre-Trial	Bond Amount \$ _____	Pre-Trial Status	Court Events	Date of Judgement	Date of Sentencing	Extended Juvenile Jurisdiction <input type="checkbox"/> Y <input type="checkbox"/> N	Drivers License <input type="checkbox"/> Y <input type="checkbox"/> N	License Suspended/Conditions	Probation _____ Mos.	Probation Period	Date of Rehearing	Type	Disposition
Custody	Custody to: <input type="checkbox"/> Parents/Other Person <input type="checkbox"/> Sanction House	<input type="checkbox"/> JJA Commissioner <input type="checkbox"/> Juvenile Correctional Facility	<input type="checkbox"/> Detention Facility <input type="checkbox"/> Youth Residential Facility	Other Custody	Term of Custody ____ Mos. ____ Days -or- Until Age _____	Aftercare Term ____ Mos. -or- Until Age _____	Fines and Costs \$ _____	Total Fines \$ _____	Total Restitution \$ _____	KBI Lab Fee \$ _____			
Programs	<input type="checkbox"/> House Arrest <input type="checkbox"/> Community Corrections/Programs	<input type="checkbox"/> Medical Evaluation <input type="checkbox"/> Psychological/Emotional Evaluation	<input type="checkbox"/> Alcohol/Drug Evaluation <input type="checkbox"/> Alcohol/Drug Education	<input type="checkbox"/> Counseling <input type="checkbox"/> Educational Evaluation	<input type="checkbox"/> Commitment to State Hospital <input type="checkbox"/> Mediation	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Community Service / Work for Victim _____ Hours	Sentence					
Placement Applied by Judge	Violent Offender Level _____	Serious Offender Level _____	Chronic Offender Level _____	Conditional Release Violator Yes <input type="checkbox"/>	Remarks								

SIGNATURE OF SUBMITTING OFFICIAL

NAME AND TITLE OF SUBMITTING OFFICIAL

SUBMITTING AGENCY

TELEPHONE NUMBER

DATE

LEFT INDEX FINGER

RIGHT INDEX FINGER