

JUVENILE CITATION							
PRIVACY ACT STATEMENT							
<p>AUTHORITY: 10 U.S.C. 8013, Secretary of the AF; powers and duties; delegated by. PURPOSE: Used to record information of juvenile offenders involved in criminal activity on KAFB for follow-up with the Juvenile Misconduct Board. ROUTINE USES: Information extracted from this form may be disclosed to local, county, state, and federal law enforcement / investigative authorities for investigative purposes. DISCLOSURE IS VOLUNTARY: Information is used to positively identify.</p>							
PHOTOGRAPH:				FINGERPRINTED			
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME: (Last, First, Middle)				ADDRESS:			
RAC	SEX:	AGE	DOB:	HEIGHT:	WEIGHT	EYES:	HAIR:
SCHOOL / GRADE:				PLACE OF EMPLOYMENT:			
PARENT / GUARDIAN:			GRADE:	ORGANIZATION:		WORK PHONE:	
ADDRESS:						HOME PHONE:	
POINT OF CONTACT:					DATE / TIME OF CONTACT:		
CHARGE(S)							
DETAILS:							
COURT ADDRESS: (To be notified)							
DATE:				HOUR:			
<p>I hereby acknowledge receipt of this citation and promise to appear on the date and time specified. I further state that I have been advised of my rights IAW the 5th Amendment of the US Constitution. I also choose the administrative remedy, which is to appear before the Juvenile Advisory Council. I also attest that the above information provided to the issuing officer is true to the best of my knowledge.</p>				SIGNATURE OF OFFICER:		BADGE #	
				SIGNATURE OF JUVENILE:			
				SIGNATURE OF PARENT /			

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