



**Cuyahoga County Court of Common Pleas, Juvenile Court Division
Legal Division
Intake & Diversion Unit**

INSTRUCTIONS FOR SUBMITTING A DELINQUENCY REFERRAL

DEFINITIONS

Pursuant to R.C. 2152.02(F), a "delinquent child" is defined as:

(1) Any child, except a juvenile traffic offender, who violates any law of this state or the United States, or any ordinance of a political subdivision of the state, that would be an offense if committed by an adult,

(2) Any child who violates any lawful order of the court made under this chapter or under Chapter 2151 of the R.C. other than an order issued under section 2151.87 of the R.C.,

(3) Any child who violates division (C) of section 2907.39, division(A) of section 2923.211, or division (C)(1) or (D) of section 2925.55 of the R.C.,

(4) Any child who is a habitual truant and who previously has been adjudicated an unruly child for being a habitual truant,

(5) Any child who is a chronic truant.

As a parent, legal custodian, guardian, or public citizen, you may submit to juvenile court a delinquency referral with respect to a child you believe is engaging in behaviors that are in violation of the law as defined on this page.

Allegations or complaints of criminal activity should be reported to your local police department. To assist the processing of your referral, please provide the name of the police department to which the incident was reported, the date reported, the police report number assigned to the incident **and a copy of the police report**. Other forms that must be completed include: (1) The Juvenile Court Fact Sheet and (2) The Witness / Victim Statement Form.

Referrals may be submitted between the hours of 9:30 a.m. – 3:30 p.m. at any one of the following locations:

Main Office

Juvenile Justice Center
Intake & Diversion Unit, 2nd Floor
9300 Quincy Avenue, Cleveland, Ohio 44106
(216) 698-6545

Branch Offices - East

Garfield Heights Office
5555 Turney Rd.,
Garfield Hts., Ohio 44125
(216) 518-3332

Southeast Office
21100 Southgate Pk. Blvd., #3
Maple Hts., Ohio 44137
(216) 443-5214

EC/UC Regional Office
11811 Shaker Blvd., 4th Floor
Cleveland, Ohio 44120
(216) 698-7364

Branch Offices - West

Lakewood Office
12650 Detroit Ave.,
Lakewood, Ohio 44107
(216) 521-0334

Southwest Office
5361 Pearl Rd.,
Parma, Ohio 44129
(216) 443.5381

If you would like to speak with an Intake & Diversion Officer about your situation at the time you complete the required forms, you must call in advance and schedule an appointment. Every effort will be made to schedule an appointment within ten (10) business days.

If you have not scheduled an appointment, you may go to a branch office that is convenient for you, complete the required documents and leave them at the office for the Intake & Diversion Officer to review. Please be certain you provide accurate and current contact information. If any of your information changes following submission of your referral, it is your responsibility to notify the court of the changes.



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INSTRUCTIONS FOR COMPLETING THE REQUIRED FORMS

DEFINITIONS

Juvenile Rule 10 Complaint

(A) "Any person having knowledge of a child who appears to be a juvenile traffic offender, delinquent, unruly, neglected, dependent, or abused may file a complaint with respect to the child in the juvenile court of the county in which the child has a residence or legal settlement, or in which the traffic offense, delinquency, unruliness, neglect, dependency, or abuse occurred."

(B) The complaint, which may be upon information and belief, shall satisfy all of the following requirements:

(1) State in ordinary and concise language the essential facts that bring the proceeding within the jurisdiction of the court, and in juvenile traffic offense and delinquency proceedings, shall contain the numerical designation of the statute or ordinance alleged to have been violated;

(2) Contain the name and address of the parent, guardian, or custodian of the child or state that the name or address is unknown;

Be made under oath.

1. Juvenile Court Fact Sheet

Subject's Information:

This section pertains to the child. The child's full **legal name, address, date of birth, gender and race are mandatory fields that must be completed without exception.** Please remember to provide a detailed physical description including eye and hair color, height, weight and any distinguishing marks observed. (I.e. piercings, scars, tattoos etc...). In the "In Custody Of" field, please provide the specific relationship of the person with whom the child resides, i.e. parents, mother, father, grandmother, aunt, etc...

Mother's Information & Father's / Alleged Father's Information:

The parent information sections are for the biological mother and father as defined through legal marriage and / or paternity testing only. Adoptive parents are also listed in this section. If the parents were never legally married or paternity has NOT been established, check the box in front of "Alleged Father's Information". "Unknown" or "N/A" can **never** be entered in the field for mother. The names of both parents should be provided even when the full address is unknown. If a parent is deceased, the name of that person is required. Write "DECEASED" in the address line. ***RACE, GENDER and DATE OF BIRTH are mandatory requirements.**

Other Person's Information:

This section pertains to individuals other than the biological or adoptive parents with whom the child is legally residing, or in whose care the child has been placed, or is a party involved, such as a legal custodian, guardian, government agency, stepparents, partners etc. In the "Relationship" field, please provide the specific relationship of the person with whom the child resides, i.e. grandmother, aunt, sibling, stepparent, etc... ***RACE, GENDER and DATE OF BIRTH are mandatory requirements.**

Complainant's Information:

The person submitting this referral to the court should enter all of his or her information in this section.

If you are handwriting the information on this form, please use black or blue ink pen only. Please fill in the information as legibly as possible. Not being able to read / understand the information you provide might significantly delay processing your referral.



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2. Witness/Victim Statement Form

A hand-written or typed statement must be submitted from each victim and/or witness of the alleged crime. State in ordinary and concise language the **essential facts** including when and where the alleged crime occurred as well as the names of all who were present and how he /or she was involved. The legal name, full address, date of birth, race, and gender for each party involved must be included in your statement. Copies of supporting evidence such as pictures of physical harm or property damage, written estimates for damages, and medical records should also be provided if applicable.

DIVERSION PROGRAMS

***Community Diversion
Program (CDP)***

***Court Unruly Program
(CUP)***

***Informal
Hearing/Conference***

Mediation

CHECKLIST

- ✓ Juvenile Court Fact Sheet – MANDATORY REQUIREMENT
- ✓ Copy of police report(s)
- ✓ Victim and/or witness statements
- ✓ Pictures of injuries and/or damages
- ✓ Estimates for damage repair
- ✓ Medical records
- ✓ Other relevant information to support your case

If you have any questions about the items on this checklist please refer to the “Instructions for Submitting a Delinquency Referral” and/or contact a branch office to schedule an appointment with an Intake & Diversion officer to assist you. Submitting incomplete paperwork to the court will delay the processing of your case.

Court Use Only

Date In, IDO, Doc ID, iCASE History, Certification, Bypass Status, Official Status, Number of Co-delinquents, Re-file Case #

Subject's Information

Last Name, First Name, MI, Alias, Address, Apt, City, State, Zip, Phone, In Custody Of, Gender, Race, DOB, Age, SSN, Height, Ft., In., Weight, Eye Color, Hair Color, Distinguishing Mark, Subject is a Twin, Triplet, etc.

Mother's Information

Last Name, First Name, MI, Address, Apt, City, State, Zip, Home, Work, Cell, Gender, Race, DOB, SSN

Alleged Father's Information (Paternity Not Established)

Father's Information (Paternity Established)

Last Name, First Name, MI, Address, Apt, City, State, Zip, Home, Work, Cell, Gender, Race, DOB, SSN

Other Person's Information - Legal Custodian/Guardian/Other Party Involved

Last Name, First Name, MI, Address, Apt, City, State, Zip, Home, Work, Cell, Relationship, Gender, Race, DOB, SSN

Complainant's Information

Last Name, First Name, Address, Apt, City, State, Zip, Phone, Relationship/Agency, Gender, Race, DOB, SSN

Incident Date, Officer, Badge, Report #

Victim #1 Information

Last Name, First Name, MI, Address, Apt, City, State, Zip, Phone, Gender, Race, DOB, Age, In Custody Of, Last Name, First Name

Notes

Notes section for case details

Subject's Information

Last Name	First Name	MI	DOB
Incident Date	Report #	Number of Victims	

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

