

Jordan School District
REQUEST FOR JUVENILE COURT ACTION
Tobacco Possession

Student's Name: _____ Alias: _____ Sex: M F Birthdate: _____
(Full Legal Name, Last name first) Driver License # _____ Social Security # _____ - _____ - _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Business Phone: _____ Emergency Phone: _____
Mother: _____ Father: _____ Address: _____
Custodial Parent: _____ Name of School: _____ Grade: _____

The above named individual is charged with violation of U.C.A. 76-10-105--Tobacco Possession.

The facts are as follows

1. Date of the Offense: _____ Time: _____ Place: _____
2. Estimate the distance between the complainant and the student at the time of the alleged offense: _____
3. What was the student doing? _____
4. Who witnessed the alleged violation? _____
5. Was tobacco taken as evidence? Yes No If no, state why: _____
6. Does the student admit to possession? Yes No

**Without admitting the facts as alleged, I promise to appear as directed by the Juvenile Court.
Parents or legal guardians must accompany cited juvenile.**

Student Signature Date

Statement of school efforts to resolve the problem:

- Student was counseled about this incident.
- Student was counseled about previous tobacco possession violation. How many? _____
- Parents have been contacted: by phone personally by mail
- Student has attended previous tobacco diversion programs? Yes No Name of Program _____

Note:

- The complainant and all witnesses are subject to subpoena to appear in court.

I certify that a copy of this citation was served upon the juvenile according to law on the above date and I know or believe and so allege that the above named juvenile did commit the offense herein set forth contrary to law. I further certify that the citation is properly issued pursuant to section 78-3a-22.

Identification of individual confirmed by:

Method or Document

School Administrator:

District Administrator:

Name (Print)

(Signature)

Title

Compliance Officer