

Allen County Juvenile Center

2929 Wells Street
Fort Wayne, IN 46808

OUT OF COUNTY ADMISSION FORM

COUNTY: _____ DATE: _____

JUVENILE'S FULL NAME: _____

ADDRESS: _____

D.O.B.: _____ PHONE NUMBER: _____

RACE: _____ HAIR: _____ EYES: _____ HT.: _____ WT: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

EMPLOYER: _____ EMPLOYER: _____

FAMILY DOCTOR: _____ PHONE NUMBER: _____

CHARGES PENDING: _____

ADJUDICATED DELINQUENT YES _____ NO _____

LENGTH OF ANTICIPATED STAY AT ACJC: _____

PROBATION OFFICER: _____

ADDRESS: _____ OFFICE NUMBER: _____

BRIEFLY EXPLAIN REASON OF DETENTION: _____

ACJC OFFICIALLY CONTACTED: _____ TIME: _____

TRANSPORTING OFFICER (print): _____

Shared/forms/Out of County Admission