

ONONDAGA COUNTY DEPARTMENT OF PROBATION
HILLBROOK DETENTION HOME
ONONDAGA COUNTY, NEW YORK

APPLICATION FOR TEMPORARY DETENTION CARE OF A JUVENILE
(This form to be used only when Family Court is not open for business)

To the Director of Juvenile Detention and Detention Services
Onondaga County, New York

I hereby apply for Temporary Detention Care for _____

_____ Age, _____ DOB, _____

who resides at _____ City, Town, Village

of _____ County of _____ State of _____

Home Phone No. _____ Alternate Phone No. _____

Name of Parent(s) or Legal Guardian (s) _____

Were Parents or Legal Guardian notified _____ (write yes or No)

If, NO, state reasons _____

Give reasons why Juvenile should not be released to custody of parents or legal
guardian, or other responsible person, (If non, state so) _____

Specify exact offense (s) with which Juvenile is charged _____

_____ A.M.

Arresting Officer _____ Time of Arrest _____ P.M.

Date of Arrest _____ Location of Arrest, City, Town, Village

Of _____ County of _____, New York

Officer Delivering Juvenile _____

Name of Person who will cause a petition to be filed in Family Court _____

_____ Phone No. _____

Petition must be filed in Court no later than the next business date of the Court.

To the best of your knowledge, is the above Juvenile suspected of, or suffering from any illness,
injury, drug or intoxicant: _____ (Write yes or no)

If YES, specify _____

Dated at _____

This _____ day of _____, 20_____

Signed _____

Department _____