

**DISTRICT COURT OF JOHNSON COUNTY, KANSAS  
NOTICE AND AGREEMENT TO APPEAR**

Date: \_\_\_\_\_

Officer \_\_\_\_\_

Badge# \_\_\_\_\_

Time: \_\_\_\_\_

Agency \_\_\_\_\_

Report# \_\_\_\_\_

**PLEASE PRINT**

**To the Person Herein Named:**

Last Name:		First Name/MI:			
Address:					
City:			State/Zip:		Employer/School:
DOB:	Age:	Race:	Sex:	Telephone # - Juvenile:	
Printed Name of Parent/Guardian				Telephone # - Parent/Guardian:	

**You have been accused of the following:**

Statute Violation:	K.S.A.

**IN LIEU OF TRANSPORT**

**YOU ARE ORDERED TO APPEAR** at the Juvenile Intake and Assessment Center, located at 905 W. Spruce, Olathe, Kansas 66061 at the time you are instructed to appear. **You are required to call Juvenile Intake and Assessment Center at 913-764-4051 between the hours of 8:00 A.M. and 8:00 P.M. within twenty-four hours of service of this notice to schedule your appearance.**

**AGREEMENT TO APPEAR**

By signing below, I acknowledge that I am the person named above and in lieu of transport to the Juvenile Intake and Assessment Center, I am being released to my parent/guardian and I agree to appear as directed above.

\_\_\_\_\_  
*Signature of Juvenile*

\_\_\_\_\_  
*Signature of Parent/Guardian*

**Distribution of Copies:**

White/JIAC    Yellow/Juvenile-Parent    Pink/Law Enforcement

FOR JIAC STAFF USE ONLY:

\_\_\_\_\_ No Contact    \_\_\_\_\_ Failed to Appear