

**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