

**ADMINISTRATIVE OFFICE OF THE COURTS
STATE OF NEW JERSEY**

**GLENN A. GRANT, J.A.D.
ACTING ADMINISTRATIVE
DIRECTOR OF THE COURTS**



**RICHARD J. HUGHES
JUSTICE COMPLEX
PO Box 037
TRENTON, NEW JERSEY 08625-0037**

**[Questions or comments may
be directed to 609-984-4228.]**

DIRECTIVE # 10-09

**To: Assignment Judges
 Family Presiding Judges
 Trial Court Administrators**

From: Glenn A. Grant, J.A.D.

**Subject: Amended Juvenile Complaint Form -- Addition of Degree of
 Offense**

Date: September 28, 2009

This Directive promulgates an amended Juvenile Complaint Form requiring that the degree of the offense be indicated on the form. R. 5:20-1 states, in part, "The complaint in juvenile delinquency actions..., shall be on oath and in the form prescribed by the Administrative Director of [the] Court[s]..." The Conference of Family Presiding Judges recommended the change. Use of the amended form, which is attached, is required immediately.

In determining whether or not to detain a juvenile, and in using the Juvenile Detention Risk Screening Tool, the degree of the offense is a key factor in making an assessment. Further, the degree of the offense is often a key element in screening complaints for court, referee, or diversion. Thus, third degree and higher offenses require screening by a judge, but fourth degree or disorderly persons offenses may be screened by either a judge or a designated staff person pursuant to written guidelines for diversion issued by the Family Presiding Judge. For these reasons, it is critical that the element of degree of the offense be added to the juvenile complaint.

Questions concerning this Directive may be directed to Family Division Assistant Director Harry T. Cassidy at 609-984-4228.

G.A.G.

Attachment

cc: Chief Justice Stuart Rabner
Attorney General Anne Milgram
Public Defender Yvonne Smith Segars
Deborah Gramiccioni, Director, Division of Criminal Justice
Hester Agudosi, Chief, Prosecutors Supervision and Coordination, Division of
Criminal Justice
County Prosecutors
AOC Directors and Assistant Directors
Family Division Managers
Joanne Dietrich, Chief
Janis Alloway, Assistant Chief
Steven D. Bonville, Special Assistant
Francis W. Hoeber, Special Assistant



COMPLAINT – JUVENILE DELINQUENCY

Chancery Division, Family Part

County of _____

The State of New Jersey in the interest of:			Docket number: FJ- _____ - _____ - _____ - _____ - _____		
Mailing address: (Street)			Juv/Party ID number:		
City, state and zip code:			Name and address of school (and grade) or employer:		
Residing in: (township or municipality)		Phone:		Race:	
Age:		Date of birth:		Height:	
Sex:				Weight:	
			1 Caucasian; 2 Black; 3 Hispanic; 4 Asian/Oriental; 5 American Indian; 6 Other; 7 Unknown		
AKA:			Color of eyes:		Color of hair:
1. The parent(s) or guardian of the above named juvenile are: (first name, last name)					
Address:		Phone:		Relationship:	
2. If the above named juvenile is not residing with parent or guardian, he/she is residing with: (name)					
Address:		Phone:		Relationship:	
Charge No.:			The undersigned complainant: (first name, last name)		
Of: (identify department or agency)			Address:		
says: the above named juvenile is alleged, upon ☐ personal knowledge, ☐ information supplied by others, to be delinquent in that, on or about ____ / ____ / ____ at ____ a.m. / p.m. the above named juvenile did: [Set forth facts regarding time, manner, place and the essential elements of the alleged act.]					
Co-Defendant[s] Name, Address and Phone No.:					
Witness[es] Name, Address, and Phone No.:					
Violation of (statutory citation and title):					Degree:
I certify that the foregoing statements made by me are true to the best of my knowledge, information and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.					
Signature of Complainant/Date:			Officer and Department filing police report		
Charge No.:			The undersigned complainant: (first name, last name)		
Of: (identify department or agency)			Address:		
says: the above named juvenile is alleged, upon ☐ personal knowledge, ☐ information supplied by others, to be delinquent in that, on or about ____ / ____ / ____ at ____ a.m. / p.m. the above named juvenile did: [Set forth facts regarding time, manner, place and the essential elements of the alleged act.]					
Co-Defendant[s] Name, Address and Phone No.:					
Witness[es] Name, Address, and Phone No.:					
Violation of (statutory citation and title):					Degree:
I certify that the foregoing statements made by me are true to the best of my knowledge, information and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.					
Signature of Complainant/Date:			Officer and Department filing police report		