

**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.]**

SUPPLEMENT TO DIRECTIVE #10-09

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

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

**Subject: Amended Juvenile Complaint Form -- Deletion of the Word "Oriental"
 from Listed Race Categories**

Date: July 21, 2010

This supplements Directive #10-09, "Amended Juvenile Complaint Form – Addition of Degree of Offense," issued September 28, 2009. That Directive promulgated an amended Juvenile Complaint Form requiring that the degree of offense be indicated on the form. However, that form as promulgated by Directive #10-09 contained an error in that it failed to delete the obsolete term "Oriental" from the categories for race. The attached corrected Juvenile Complaint Form instead uses the term "Asian." In accordance with Rule 5:20-1, this further amended form is hereby promulgated for use effective immediately.

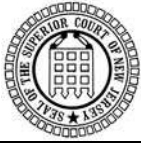
Questions may be directed to Family Division Assistant Director Harry Cassidy at 609-984-4228.

G.A.G.

Attachment

**cc: Chief Justice Stuart Rabner
 Attorney General Paula T. Dow
 Public Defender Yvonne Smith Segars
 Stephen J. Taylor, Director, DCJ
 Hester Agudosi, Chief, Pros. Supervision
 and Coordination, DCJ
 County Prosecutors**

**AOC Directors and Assistant Directors
Clerks of Court
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:		Height:		Weight:	
Age:		Date of birth:		Sex:		1 Caucasian; 2 Black; 3 Hispanic; 4 Asian; 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 <input type="checkbox"/> personal knowledge, <input type="checkbox"/> 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 <input type="checkbox"/> personal knowledge, <input type="checkbox"/> 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			