

JUVENILE AFFIDAVIT

STATE of ARKANSAS
COUNTY of CROSS

I, _____ of _____

do solemnly swear that _____

in said County of CROSS did on the _____ day of _____, commit

the following acts which are violations of the laws of the State of Arkansas, specifically:

Statement of Facts:

I pray that a Petition be issued charging said juvenile with these acts of delinquency and declaring

_____ to be a juvenile delinquent as defined by Act 273 of
the Acts of Arkansas, 1989.

Affiant

Address: _____
Street City State ZIP

Telephone #: _____ Work Phone #: _____

Subscribed and sworn to before me this the _____ day of _____, 20 _____

My Commission Expires: _____
Notary Public

Witnesses: Telephone/Address _____

DPA Approved _____ Date _____