

# APPREHENSION REQUEST - JUVENILE

**AMENDED**

CHECK ONE -  FOR NCIC/CIB ENTRY  FOR EMP USE

**INSTRUCTIONS TO AGENT:** This form must be typed or printed clearly. All data items boxed in black must be filled in.

**NOTE:** Provision of Social Security Number is voluntary. However, it will be used to assist law enforcement agencies in the apprehension of an escapee or absconder from the Department of Corrections.

**DO NOT INCLUDE PROTECTED HEALTH INFORMATION OR ANY DIAGNOSED MEDICAL OR MENTAL HEALTH CONDITIONS.**

**INSTRUCTIONS TO LAW ENFORCEMENT:** Your assistance is requested in the apprehension of the subject identified on this form under Wisconsin State Statute §304.06(3), §973.10(1) and Wisconsin Administrative Code § DOC 328.14 and 328.22. When the subject has been apprehended, please hold in custody and notify the Probation & Parole Agent indicated at the bottom of this form.

REASON FOR APPREHENSION REQUEST	APPROVAL (Supervisor's Initials)	FAXED (Date / Time)
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<b>VEHICLE INFORMATION</b>		1 VEHICLE PLATE #	STATE	YEAR EXPIRES	PLATE TYPE	
2 VEHICLE IDENTIFICATION #	YEAR	MAKE	MODEL	STYLE	COLOR TOP	COLOR BOTTOM

**WARRANT ABSTRACT**

3 <input type="checkbox"/> * Check if caution should be exercised. Indicate reason(s) in field #28.	4 EXTRADITE <input type="checkbox"/> Yes <input type="checkbox"/> No	5 DATE OF EMANCIPATION	6 STATE CUSTODY ENDS (MM/DD/YY)		
7 NAME (Last, First, Middle, Suffix)		8 SEX	9 RACE	10 D.O.B. (MM/DD/YY)	
11 PLACE OF BIRTH (State or Country)	12 HEIGHT (FT/IN)	13 WEIGHT	14 EYES	15 HAIR	16 SKIN TONE

17 IDENTIFYING PHYSICAL CHARACTERISTICS: SCARS, BIRTHMARKS, TATTOOS, MOLES, MISSING/ARTIFICIAL/DEFORMED BODY PARTS, MEDICAL APPLIANCES, ETC. SUICIDAL BEHAVIOR (**Enter as Caution**)

**DO NOT INCLUDE PROTECTED HEALTH INFORMATION OR ANY DIAGNOSED MEDICAL OR MENTAL HEALTH CONDITIONS.**

18 FBI #	19 SOCIAL SECURITY #	20 STATE ID NUMBER WI	21 DRIVER LICENSE or ID #		
22 LAST KNOWN ADDRESS		23 CITY	24 STATE	D.L. STATE EXPIRES	ID ONLY <input type="checkbox"/>
25 DOC #	26 OFFENSE -J <input type="checkbox"/> Juvenile Probation Violator (8102) <input type="checkbox"/> Juvenile Escapee (8100)	<input type="checkbox"/> Juvenile Parole Violator (8101)	27 DATE APP. ISSUED (MM/DD/YY)		

28 ALIAS NAME(S) / DOB / SSN # /AND OTHER REMARKS \* IF CAUTION WAS CHECKED IN FIELD # 3, INDICATE REASON(S)

**DO NOT INCLUDE PROTECTED HEALTH INFORMATION OR ANY DIAGNOSED MEDICAL OR MENTAL HEALTH CONDITIONS.**

29 COURT CASE NUMBER(S)	30 OFFENSE(S)	31 STATUTE(S) VIOLATED
32 TERM	33 DATE OF SUPERVISION / PAROLE	34 COUNTY OF SUPERVISION

AGENT NAME	ADDRESS (Street)
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36 AGENT NUMBER	37 TELEPHONE NUMBER (Including Area Code)	CITY	STATE	ZIP CODE
	( )		WI	

<input type="checkbox"/> PARENT	NAME	ADDRESS	TELEPHONE NUMBER (Including Area Code)
<input type="checkbox"/> LEGAL GUARDIAN			( )
<input type="checkbox"/> PARENT	NAME	ADDRESS	TELEPHONE NUMBER (Including Area Code)
<input type="checkbox"/> LEGAL GUARDIAN			( )

**DISTRIBUTION:** DOC Warrant and/or Local Law Enforcement Agency (Specify) \_\_\_\_\_  
 Copy – Agent's Supervisor; Copy – Offender DCC Case File