Form Revised May 2011

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA

WRITTEN ALLEGATION

FOR COURT USE ONLY	
FILE NO.	
ALLEGATION NO.	
AOPC NO.	
DATE RECEIVED	

INCIDENT#

NAME						**DATE**	
ADDRESS							
PHONE NUMBER				**SOCIAL SECURITY**			
SEX		**RACE**		**AGE**		**DATE OF BIRTH**	

FATHER'S NAME, ADDRESS & PHONE	**MOTHER'S NAME ADDRESS, & PHONE**
Name Address City PA	Name Address City PA
ACT AND SECTION VIOLATED	**DATE, PLACE, TIME OF OFFENSE**
FINGERPRINTS TAKEN: ☐ **YES** ☐ **NO**	**PHOTOGRAPHS TAKEN:** ☐ **YES** ☐ **NO**

THE ACTS COMMITTED WERE:

It is in the best interest of the juvenile and the public that proceedings be brought before the court, the alleged acts being against the peace and dignity of the Commonwealth of Pennsylvania or in violation of an ordinance of a political subdivision, and as the affiant, I am making the allegation that the facts set forth in the written allegation are true and correct to the person's personal knowledge, information, or belief, and that any false statement made is subject to the penalties of the Crimes Code, 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

AFFIANT'S NAME, DEPARTMENT,ADDRESS & PHONE	**AFFIANT'S SIGNATURE**
Name Department Address City PA	**TITLE** **ENCLOSE A COPY OF YOUR INVESTIGATIVE FILE WITH THE ALLEGATION FOR USE BY THE DISTRICT ATTORNEY'S OFFICE**

Additional Offenses

ALL INVOLVED PARTIES

USE THE FOLLOWING CODES: V=Victim, W=Witness, AA=Adult Accomplice, JA=Juvenile Accomplice

CODE	NAME	ADDRESS	TELEPHONE

ARE YOU AGREEABLE TO HAVING THIS MATTER DISPOSED OF BY:

☐ **A YOUTH COMMISSION** ☐ **A CONSENT DECREE** ☐ **AN INFORMAL ADJUSTMENT?**

IF YOU ARE, PLEASE PUT AN "✓" BEFORE THE ONE YOU WOULD FIND ACCEPTABLE AND SIGN BELOW INDICATING YOUR CONSENT.

_____

Mail or Deliver the completed allegation to: **WESTMORELAND COUNTY JUVENILE PROBATION DEPARTMENT**
2771 South Grande Boulevard
Greensburg, PA 15601-8905

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AFFIDAVIT/VERIFICATION OF PROBABLE CAUSE

I verify that the facts set forth in this probable cause information is true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa C.S. §4904) relating to unsworn falsification to authorities.

AFFIANT NAME: _____

SIGNATURE OF AFFIANT: _____ **DATE:** _____