OFFICE OF THE CLARK COUNTY PROSECUTOR
PROSECUTION INFORMATION PACKET FOR JUVENILE CHARGES

HOW TO FILE CHARGES:

UNRULY

1. Prior to filing the charge of Unruly against any juvenile (except runaways) the family/parent must seek an assessment from Youth & Family Connections at 1835 Miracle Mile, phone number: 937-390-7964.
2. If an assessment has been completed currently or in the past, file the charge of unruly by using the procedure outlined below for the filing of Delinquent charges and attach the assessment also include how long or when did the juvenile become unruly.
3. The charge of unruly may be filed against a runaway prior to seeking an assessment if a Missing Person Report has been filed with either the Springfield Police Department or the Clark County Sheriff's Office- attach copies of any charges filed.

DELINQUENT

1. Go to the Clark County Prosecutor's Office (located on the fourth floor of the Springfield-Clark County Municipal Court Building, 50 East Columbia Street, Springfield, OH) and pick up a Prosecution Information Packet for Juvenile Charges.
2. Fill out the Information Packet completely.
3. Information you should include when filing charges include:
    a. Copy of any and all applicable police reports (Report is FREE if you pick up the Prosecution Information Packet first and then go to the Police Records Section between 8:30 AM and 4:30 PM Monday through Friday.)
    b. Date and time of incident(s).
    c. Suspect name and address.
    d. Witness(es) name and address(es);
    e. Each witness must fill out a witness statement.
    f. Medical records if applicable.
    g. Photograph(s) of injury/damages.
    h. Estimates of damage/loss.
    i. Copy of any applicable Court Orders.
4. Return the completed Information Packet to the Clark County Prosecutor's Office.
5. You will be notified by phone of the Prosecutor's decision whether or not charges will be filed. If a charge is to be filed, you will be notified to come to the Clark County Prosecutor's Office to pick up the prepared charge and take it to the Clark County Juvenile Court to Swear that the information contained therein is accurate and true and to sign the complaint.

NOTICE: The Ohio Code of Professional Responsibility Disciplinary rule 7-103(A) provides that a public prosecutor or other government lawyer shall not institute criminal charges when he knows or it is obvious that the charges are not supported by probable cause. Accordingly, the Clark County Prosecutor has the ultimate discretion as to whether or not charges will be filed.

VICTIM STATEMENT

I _____HEREBY MAKE THIS VOLUNTARY STATEMENT TO THE CLARK COUNTY JUVENILE COURT.

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DATE OF BIRTH_____

SOCIAL SECURITY NUMBER _____

PHONE-HOME_____ CELL _____

WORK_____

ADDRESS _____

SIGNATURE _____DATE:_____

SUSPECT INFORMATION

The information requested below is required prior to the filing of the Complaint at the Clark County Juvenile Court.

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

Suspect's Age/or Date of Birth _____

Suspect's Parent's Name _____

Suspect's Sex and Race _____

Suspect's Telephone Number _____

WITNESSES

WITNESS_____ ADDRESS_____

CITY _____ STATE_____ ZIP_____

HOME PHONE _____WORK PHONE_____CELL_____

DATE OF BIRTH_____ SOCIAL SECURITY NUMBER_____

AGE_____ RACE_____SEX_____ MARITAL STATUS _____

RELATIONSHIP TO SUSPECT _____

RELATIONSHIP TO VICTIM _____
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WITNESS_____ ADDRESS_____

CITY _____ STATE_____ ZIP_____

HOME PHONE _____WORK PHONE_____CELL_____

DATE OF BIRTH_____ SOCIAL SECURITY NUMBER_____

AGE_____ RACE_____SEX_____ MARITAL STATUS _____

RELATIONSHIP TO SUSPECT _____

RELATIONSHIP TO VICTIM _____
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WITNESS_____ ADDRESS_____

CITY _____ STATE_____ ZIP_____

HOME PHONE _____WORK PHONE_____CELL_____

DATE OF BIRTH_____ SOCIAL SECURITY NUMBER_____

AGE_____ RACE_____SEX_____ MARITAL STATUS _____

RELATIONSHIP TO SUSPECT _____

RELATIONSHIP TO VICTIM _____

WITNESS STATEMENT

I _____ HEREBY MAKE THIS VOLUNTARY

STATEMENT TO THE CLARK COUNTY JUVENILE COURT.

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DATE OF BIRTH_____ SOCIAL SECURITY NUMBER _____

PHONES-HOME _____WORK_____CELL_____

ADDRESS_____

CITY _____STATE_____ZIP_____

SIGNATURE _____

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DATE OF BIRTH_____ SOCIAL SECURITY NUMBER _____

PHONES-HOME _____WORK_____CELL_____

ADDRESS_____

CITY _____STATE_____ZIP_____

SIGNATURE _____

Submit Online