## **Shelby County Probation Department**

407 South Harrison Street Room 303 Shelbyville, IN 46176 (317)392-6490 (317)392-6307- Fax



## Dear Parent, Guardian or Custodian:

Attached you will find an information sheet that must be completed to initiate the official proceedings in having your child declared incorrigible. The form itself is very simple in terms of the information requested and you should have no difficulty in providing this information. We understand that this is a very difficult process for most, if not all, parents or guardians to undertake. However, if you honestly feel that all efforts have been exhausted in attempting to have your child's behavior conform to desired standards, this process may and should be the last alternative.

Once this form has been completed, you will need to submit it to the Shelby County Probation Department at the address listed above. Once this document has been received, a Juvenile Probation Officer will contact you and your child by written correspondence. An appointment for a Preliminary Inquiry will be scheduled wherein the Probation Officer will conduct an in-depth interview with you and your child. Once this appointment has been completed, the Officer will consult the Shelby County Prosecutor's Office for appropriate follow up measures. Please understand that the Officer will contact you concerning potential action in this case. Should your child's behavior place you or others in fear for individual safety, please contact your local law enforcement agency.

## STATE OF INDIANA SHELBY SUPERIOR COURT NO. 1

IN THE MATTER OF:		CAUSE NO: 73D01-	
A CHILD ALLEGED TO BE A DELINQUENT CHILD		CAUSE NO. 75D01-	
INTAKE IN		ION FOR DELINQUENC 31-37-2-4	YY
To the Probation Officer of the Sh	nelby Superio	or Court Number 1:	
The undersigned hereby inform	ns the Court	that:	
NAME	AGE	DATE OF BIRTH	SEX
HOME ADDRESS		PHONE	SCHOOL
Whose parents are: <b>FATHER: MOTHER:</b>	Name	Address	
	Name	Address	
or whose guardian or custodian is	:		
Name Add	dress		
He/She is a delinquent child in that	at:		
The undersigned requests that the determine whether the interests of			
DATED:	_	 Signature	
Witness to signature (Optional)		Relationship to Child	
<u>-</u> · · •		Address	