

OFFICE OF THE CHIEF OF POLICE

October 18, 2019

NOTICE
14.5

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: ARREST REPORT EXPEDITED PACKET INPUT FORM – REVISED

The Arrest Report Expedited Packet Input Form has been revised to increase efficiency to expedite the booking process. This Notice updates the packet forms to include minor revisions for accuracy and more thorough documentation. Additionally, the following three forms have been added to the packet to assist arresting officers:

- County of Los Angeles Probation Department Juvenile Hall Entrance Record;
- Juvenile Arrest Supplemental Report, Form 05.02.06; and,
- Classification Assessment, Form 05.36.00.

The revised Arrest Report Expedited Packet Input Form is attached for immediate use and duplication and is now available in E-Forms on the Department's Local Area Network. All other versions of this form shall be marked "obsolete" and placed into the divisional recycling bin. The use, completion, and distribution of this form remain unchanged.

Any questions regarding this Notice may be directed to Risk Management and Policies Division, at (213) 486-0400.



MICHEL R. MOORE
Chief of Police

Attachments

DISTRIBUTION "D"

ARREST REPORT EXPEDITED PACKET INPUT FORM

Location Booked:		Booking No.:	DR No.:	Inc. No.:
Arrestee/Suspect (Last, First, Middle):			Sex:	Date of Birth:
Arrestee/Suspect's Residential Address:		City:	Zip:	Phone No.:
Location of Occurrence:				RD:
Date of Arrest:	Time of Arrest:	Date of this Report:	Time of this Report:	
Booking Charge:				Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/>
Arresting Officer(s): (Last, First)	Serial No.(s):	Division of Assignment:	Detail:	

NOTE: PLEASE PRINT ONLY THE PAGES THAT YOU NEED IN ORDER TO SAVE PAPER.

ARREST REPORT APPROVAL CHECKLIST

DR #: _____

BOOKING #: _____

DATE: _____

REPORT FACE SHEET

- | | | |
|--|------------------------------|---------------------------------------|
| Automated Field Data Report (AFDR) Number on Arrest Report | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Incident Number at the bottom of report | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Admonition of Rights box completed (Name/Serial No. and Page No., or "Not Admonished") | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Use of Force box checked | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| All identifying numbers included [FBI, J, CII, DR, and Main No.(s)] | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Marsy's Rights Card provided and box checked | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |

NARRATIVE

- | | | |
|---|------------------------------|---------------------------------------|
| Court Information section and all other required headings included | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Watch commander providing booking approval (Name/Serial No.) | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Medical Treatment documented (name of doctor and hospital) | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| If money was booked, all reports agree on the amount | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Receipt for Property Taken into Custody, Form 10.10.00, completed for each arrestee | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Property Report completed and consistent with Form 10.10.00 | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Firearms Supplemental Property Report, Form 10.01.01 completed; AVPS notified | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Photos, Recordings, Videos, DICV, BWV, or Digital Imaging included | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |

RELATED REPORTS

- | | | |
|--|------------------------------|---------------------------------------|
| ePCD completed and submitted to watch commander | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| ePCD approved by watch commander and forwarded to magistrate for review | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| City Attorney Disclosure Statement | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Criminal History Report / CCHRS | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| DMV history | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Request for Confidentiality of Information, Form 03.02.00 or 03.02.01 | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Arrestee signed out and all fields on the detention log completed | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Hate Crime Resource Pamphlet provided and box checked on Form 03.02.00 or 03.02.01 | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| DMV Admin Per Se form of suspension attached to DUI Arrest Report and mail to DMV | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |

GANG DETAIL ARRESTS

- | | | |
|---|------------------------------|---------------------------------------|
| Gang stamp on face sheet | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Each page of arrest report reviewed and initialed by a gang supervisor on the lower right corner | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Arrest report narrative indicates officers were in uniform and in a marked black/white police vehicle | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |

For gang injunction (GI) arrest only. All of the following must be documented/established in the arrest narrative:

- Date officer received requisite training from an authorized Gang City Attorney _____
- Officer verified person was served with the GI prior to making an arrest, include date/time of service
- Officer verified person's name appears in GI Database and was subject to enforcement
- Membership in the gang at the time of the alleged violation
- Violation of one or more of the provisions of the GI within the specific boundaries (Safety Zone) set forth in the GI
- Copy of GI, ROS, POS, and evidence of gang membership (FIs, prior arrest/crime reports, photos, etc.) are attached

JUVENILE ARRESTS

- | | | |
|---|------------------------------|---------------------------------------|
| Juvenile Arrest Supplemental Report, Form 05.02.06 | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Juvenile Arrest PCD completed and submitted to watch commander | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Telephone calls (or refusal) documented (three within three hours; two within one hour of arrest) | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Parent/Guardian notified and information listed on the face sheet | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Released in compliance with the six hour rule | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Gladys R. Questionnaire | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |

BOOKING RECOMMENDATION

- | | | |
|---|------------------------------|---------------------------------------|
| Booking Approval signed by the watch commander (time of inspection/interview) | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Felony Bail Computation Worksheet, Form CRIM-208, attached to Booking Approval, Form 12.31.00 | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |
| Type of booking search and results documented on the Booking Approval and report narrative (i.e., Signature/Serial No. of watch commander approving the search; date/time of search; name of officer conducting the search) | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Required |

Watch Commander Approving: _____

Serial No. : _____

**Los Angeles Police Department
BOOKING APPROVAL**

SEE DISTRIBUTION AT BOTTOM FOR NUMBER OF COPIES REQUIRED.	DATE & TIME OF ARREST	DATE AND TIME OF INSPECTION/INTERVIEW BY WATCH COMMANDER (LAPD MANUAL 4/216)	
ARRESTEE'S NAME (Last, First, Middle)			
ARRESTING OFFICER(S) OR <input type="checkbox"/> PRIVATE PERSON'S ARREST (Last and First Name)	SERIAL NO.(S)	DIVISION	DETAIL
ACTION ADVISED:			
<input type="checkbox"/> Booking Charge _____ <small>(As appears on AJIS Charge Table)</small>		BASIC CHARGE:	\$ _____
<input type="checkbox"/> Additional charges _____		ADD'L CHARGES:	\$ _____
<input type="checkbox"/> Enhancements (Attach Felony Bail Computation Worksheet, Form CRIM-208)		ENHANCEMENTS:	\$ _____
<input type="checkbox"/> Advise arrestee of immediate cash bailout right (if two or fewer warrants for parking offense or traffic infraction)		TOTAL BAIL:	\$ _____
<input type="checkbox"/> Release without booking		<input type="checkbox"/> Phone call made	<input type="checkbox"/> Phone calls refused by arrestee
1. EVIDENCE TO BE BOOKED		2. SUGGESTIONS FOR CONTENTS OF REPORTS.	
3. VISITATION RESTRICTION		RESPONSIBLE INVEST. UNIT	
PAROLE/PROBATION AGENT		PHONE NO.	TIME TELEPHONIC HOLD PLACED
REASON FOR SEARCH:			
<input type="checkbox"/> Offense involves a controlled substance			
<input type="checkbox"/> Articulate and reasonable suspicion that the arrestee is concealing contraband or weapons, regardless of the offense (Explain reasonable suspicion). _____			
TYPE OF SEARCH AUTHORIZED:		WATCH COMMANDER APPROVING SEARCH SERIAL NO. <small>(if different than booking)</small>	
<input type="checkbox"/> STRIP		<input type="checkbox"/> PHYSICAL BODY CAVITY*	
<input type="checkbox"/> VISUAL BODY CAVITY *Note: Search warrant required. WARRANT NO.:			
DATE & TIME OF SEARCH	LOCATION SEARCH CONDUCTED	SEARCHING EMPLOYEE	SERIAL NO. DIVISION SEX
RESULTS OF SEARCH (List items and locations removed from):			
ADVISING INVESTIGATIVE SUPERVISOR (signature)		<input type="checkbox"/> Telephonic Advice	SERIAL NO. DIVISION
			RAP SHEET REVIEWED? YES <input type="checkbox"/> NO <input type="checkbox"/> NONE <input type="checkbox"/>
MISDEMEANOR ARRESTS: The watch commander shall complete the Conditions for Non-Eligibility for Release at the time of booking approval (Manual Sections 4/216.65,216.67).			
CONDITIONS FOR NON-ELIGIBILITY FOR RELEASE			
1. The person arrested is so intoxicated that he or she could be a danger to himself or herself or others.			
2. The person arrested requires medical examination or medical care or is otherwise unable to care for his or her own safety.			
3. The person is arrested for one or more of the offenses listed in Section 40302 or 40303 of the Vehicle Code. (EXCEPTION - DUI ARRESTEES MAY BE RELEASED AFTER BOOKING, IF OTHERWISE ELIGIBLE.)			
4. There are one or more outstanding felony arrest warrants for the person.			
5. The person has one or more outstanding misdemeanor arrest warrants ineligible for release under Section 827.1 of the Penal Code (Manual Section 4/216.67).			
6. The person cannot provide satisfactory evidence of personal identification.			
7. The prosecution of the offense or offenses for which the person is arrested or the prosecution of any other offense or offenses would be jeopardized by immediate release of the person arrested.			
8. There is a reasonable likelihood that the offense or offenses will continue or resume, or that the safety of persons or property will be imminently endangered by release of the person arrested.			
9. The person arrested demands to be taken before a magistrate or refused to sign the notice to appear.			
10. There is reason to believe that the person arrested would not appear at the time/place specified in the notice.			
AREA WATCH COMMANDER APPROVING BOOKING/O.R./STRIP		SERIAL NO.:	MISD. O.R. STRIP SEARCH RAP SHEET REVIEWED?
			YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NONE <input type="checkbox"/>
NON-ELIGIBILITY FOR RELEASE NO.:			
CUSTODY SERVICES DIVISION WATCH COMMANDER MAKING O.R. DETERMINATION		SERIAL NO.:	MISD O.R. NON-ELIGIBILITY FOR REASON NO.:
			YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR RELEASE:			

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES**

PROBABLE CAUSE DETERMINATION (DECLARATION)

Location Booked:	Booking No.:	Arrest File No.:
Arrestee/Suspect (Last, First, Middle):		DOB:
Arrestee/Suspect's Residential Address:	Location of Occurrence:	
Booking Charge(s):	Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/>	Supplemental Holds/Warrants Charges:
Date/Time of Arrest:	48 Hour Expiration Date and Time:	
Arresting Agency/Division:	Arresting Officer(s):	Employee No.:
Supervisor(s) Approving:	Employee No.:	Date/Time:
Contact Phone No.:		

Facts establishing elements of offense(s)/violation(s). Information identifying/connecting arrestee/suspect by name with the violation(s) listed:

See attached reports incorporated herein by reference.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.
Executed on _____ in the County of Los Angeles, California.
(date) (time)

(Signature) (Print Name) (Employee No.)

<p align="center">Telephonic Determination ONLY</p> <p>On _____, I was placed under oath and read the contents of the foregoing, including the contents of any attached reports or declaration, verbatim to the Honorable _____ . The Judicial Officer advised me that there <input type="checkbox"/> IS <input type="checkbox"/> IS NOT probable cause to believe this arrestee has committed a crime.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. Executed in Los Angeles County, California, on _____ at _____ (Date) (Time)</p> <p>_____ (Signature) (Employee No.)</p>	<p align="center">Probable Cause Determination</p> <p>On the basis of either reports reviewed and/or officer's declaration I hereby determine that there <input type="checkbox"/> IS <input type="checkbox"/> IS NOT probable cause to believe this arrestee has committed a crime.</p> <p>_____ (Judicial Officer's Signature) (Date)</p> <p>_____ (Block Stamp) (Time)</p>
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CITY ATTORNEY DISCLOSURE STATEMENT

OFFICERS - FORM TO BE COMPLETED ON ALL FELONY AND MISDEMEANOR ARRESTEES

DETECTIVES - FORM TO BE FILED WITH CITY ATTORNEY ONLY

Answer all questions to the best of your personal knowledge.

Type of Report:	Booking No.:	DR No.:
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1. Reports: To your knowledge, what reports (except personnel investigations) were prepared in relation to this investigation?

- Arrest
 Crime
 Property
 PCD
 Follow-up
 Vehicle (CHP 180)
 CHP 555
 DMV-DS367
 Other: _____

2. The following items exist: **Photographs** (include C#): _____

Video (Including DICV, BWV and digital imaging): _____

Audio (including officer's personal tape or digital recording) YES NO Other: _____

3. Has there been or is there a pending Use of Force investigation? YES NO

If YES, provide the name and serial number of supervisor conducting investigation.

Name (Last, First): _____

Serial No. _____

4. List the NAME, ADDRESS, PHONE NUMBER and DATE OF BIRTH of all CIVILIAN WITNESSES not named in any report(s), whether interviewed or not.

Name	Address	Phone No.	DOB

5. List the NAME, SERIAL NUMBER, ASSIGNMENT and ROLE of all OFFICERS not named in the report(s) who were percipient witnesses or otherwise involved in this incident:

Officer Name	Serial No.	Assignment	Officer's Role

6. List the NAME, SERIAL NUMBER, DEPARTMENT/AGENCY and UNIT NUMBER of all FIRE DEPARTMENT and EMERGENCY MEDICAL PERSONNEL who responded to this incident, but were not named in any report(s):

Name	Serial No.	Department/ Agency	Unit No.

7. List any SUSPECT(S) STATEMENT(S) not included in any report(s):

8. List any CIVILIAN WITNESS(ES) STATEMENT(S) not included in any report(s):

9. Are there any RETAINED OFFICER NOTES or DIAGRAMS not included in any report(s)? YES NO

If YES, identify:

Officer Name	Serial No.	Div. of Assignment	Item

10. List any known facts not included in any report(s) that might be considered as favorable to the defense or damaging to the prosecution, or which might negatively reflect on the credibility of any prosecution witness:

All of the answers to the above questions are true to the best of my personal knowledge.

Signature	Serial No.	Div. of Assignment	Role in Arrest	Date

FOR INFORMATION REGARDING PROPERTY RELEASE, CONTACT THE DETECTIVE DIVISION INDICATED BY AN "X" BELOW, BETWEEN THE HOURS OF 7:30 A.M. AND 3:30 P.M., MONDAY THROUGH FRIDAY.

Contact information for LAPD Detective Divisions is also available at www.lapdonline.org or by calling (877) ASK-LAPD.

If your address changes or you have no permanent address, it is your responsibility to contact the appropriate detective Area after case adjudication (i.e., case rejected, sentenced to county jail or state prison, placed on parole or probation). Please be advised that if property taken into custody, which may lawfully be released, is not claimed within 90 days after the case has been adjudicated, the property is subject to disposal.

<u>DETECTIVE DIVISIONS</u>	<u>PHONE NOS.</u>	<u>TDD NOS.</u>
<input type="checkbox"/> CENTRAL - 251 EAST 6th STREET, LOS ANGELES 90014	(213) 833-3750	(213) 485-9819
<input type="checkbox"/> DEVONSHIRE - 10250 ETIWANDA AVENUE, NORTHRIDGE 91325	(818) 832-0609	(818) 832-0665
<input type="checkbox"/> FOOTHILL - 12760 OSBORNE STREET, PACOIMA 91331	(818) 834-3115	(818) 756-9034
<input type="checkbox"/> HARBOR - 2175 JOHN S. GIBSON BLVD., SAN PEDRO 90732	(310) 726-7900	(310) 726-7706
<input type="checkbox"/> HOLLENBECK - 2111 EAST 1st STREET, LOS ANGELES 90033	(323) 342-8900	(323) 224-0125
<input type="checkbox"/> HOLLYWOOD - 1358 NORTH WILCOX AVENUE, LOS ANGELES 90028	(213) 972-2967	(213) 485-9899
<input type="checkbox"/> MISSION - 11121 NORTH SEPULVEDA BLVD., MISSION HILLS 91345	(818) 838-9810	(818) 837-9858
<input type="checkbox"/> NEWTON - 3400 SOUTH CENTRAL AVENUE, LOS ANGELES 90011	(323) 846-5363	(323) 846-6535
<input type="checkbox"/> NO. HOLLYWOOD - 11640 BURBANK BLVD., NORTH HOLLYWOOD 91601	(818) 754-8468	(818) 756-9035
<input type="checkbox"/> NORTHEAST - 3353 SAN FERNANDO ROAD, LOS ANGELES 90065	(323) 561-3396	(213) 485-6407
<input type="checkbox"/> OLYMPIC - 1130 SOUTH VERMONT AVENUE, LOS ANGELES 90006	(213) 382-9380	(213) 382-4365
<input type="checkbox"/> PACIFIC - 12312 CULVER BLVD., LOS ANGELES 90068	(310) 482-6313	(310) 482-6419
<input type="checkbox"/> RAMPART - 1401 WEST 6th STREET, LOS ANGELES 90017	(213) 484-3450	(213) 484-3664
<input type="checkbox"/> 77TH STREET - 7800 SOUTH BROADWAY, LOS ANGELES 90003	(213) 485-4164	(213) 485-6409
<input type="checkbox"/> SOUTHEAST - 145 WEST 108th STREET, LOS ANGELES 90061	(213) 972-7813	(213) 485-9934
<input type="checkbox"/> SOUTHWEST - 1546 WEST MARTIN LUTHER KING BLVD., LOS ANGELES 90062	(213) 485-6570	(213) 485-1015
<input type="checkbox"/> TOPANGA - 21501 SCHOENBORN STREET, CANOGA PARK 91304	(818) 756-4820	(818) 756-5899
<input type="checkbox"/> VAN NUYS - 6240 SYLMAR AVENUE, VAN NUYS 91401	(818) 374-0040	(818) 785-6819
<input type="checkbox"/> WEST LOS ANGELES - 1663 BUTLER AVENUE, WEST LOS ANGELES 90025	(310) 444-1580	(866) 924-4206
<input type="checkbox"/> WEST VALLEY - 19020 VANOWEN STREET, RESEDA 91335	(818) 374-7730	(818) 705-1566
<input type="checkbox"/> WILSHIRE - 4861 VENICE BLVD., LOS ANGELES 90019	(213) 922-8205	(213) 485-2112

NARCOTICS

- | | | |
|--|----------------|----------------|
| <input type="checkbox"/> VALLEY AREAS:
VALLEY BUREAU FILING UNIT - 6240 SYLMAR AVENUE, VAN NUYS 91401
(Devonshire, Foothill, Mission, North Hollywood, Topanga, Van Nuys, West Valley) | (818) 374-0095 | (818) 374-1999 |
| <input type="checkbox"/> ALL OTHER AREAS:
NARCOTICS DIVISION FILING UNIT - 251 EAST 6TH STREET, LOS ANGELES 90014 | (213) 833-3712 | (877) 275-5273 |

OTHER

INSTRUCTIONS FOR COMPLETION

Evidence Taken From Arrestees: An employee seizing or taking custody of property must issue a Receipt for Property Taken Into Custody, Form 10.10.00 (duplicate copy) to the person relieved of the property (Manual Section 4/645.20 and Section 10.10.00, accessible within the "Form Use" link, on LAPD E-Forms on the Department's LAN), Penal Code Sections 1412 and 4003. Any information that could be used for the crime of identity theft must be redacted. The original Receipt for Property Taken Into Custody Form shall be included as a page of the original Property Report, Form 10.01.00; Release from Custody (RFC) Report Continuation, Form 05.02.08; or Arrest Report, Form 05.02.00, when evidence is listed.

Found Property: An employee seizing or taking custody of found property shall issue a Receipt for Property Taken Into Custody (duplicate copy) to the person relieved of the property (Manual Section 4/645.20 and Section 10.10.00, accessible within the "Form Use" link, on LAPD E-Forms on the Department's LAN). State law provides that title to found property may vest in the finder if the owner does not come forward within 90 days after receipt by the police department, Civil Code Section 2080.3. If no claim is made by the owner or a finder within 97 days after booking, found property will be disposed of.

NOTE: Penal Code Section 18265 provides that firearms seized at the scene of a domestic dispute shall be available to the owner or possessor in no less than 48 hours, but no longer than 5 days, after the seizure if the firearm is not retained as evidence related to criminal charges or is illegally possessed.

**LOS ANGELES POLICE DEPARTMENT
INVESTIGATIVE ACTION / STATEMENT FORM**

Page of

Tape No.		If recording an officer's action, complete shaded areas and statement section only.						Inc. No.		DR or Bkg. No.	
Witness No.								Name		Date/Time of Interview	
Residence Address				City		Zip Code		Phone			
Business Address				City		Zip Code		Phone			
Sex	Descent	Hair	Eyes	Height	Weight	DOB	Age	Driver Lic. No/Other ID		State	
Interviewing/Reporting Officer							Serial No.		Division		

<p>MIRANDA ADMONITION</p> <p>1. You have the right to remain silent. Do you understand? _____</p> <p>2. Anything you say may be used against you in court. Do you understand? _____</p> <p>3. You have the right to the presence of an attorney before and during any questioning. Do you understand? _____</p> <p>4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want. Do you understand? _____</p> <p>If a waiver is desired: Do you want to talk about what happened? _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Officer Completing</td> <td style="width:40%;">Serial No.</td> </tr> </table>	Officer Completing	Serial No.
Officer Completing	Serial No.		

Statement: Include who, what, when, where, why, and how.

CONTINUATION SHEET

PAGE OF		TYPE OF REPORT				BOOKING NO.	DR NO.
ITEM NO.	QUAN.	ARTICLE	SERIAL NO.	BRAND	MODEL NO.	MISC. DESCRIPTION (COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC.)	DOLLAR VALUE

CONTINUATION SHEET

PAGE OF		TYPE OF REPORT				BOOKING NO.	DR NO.
ITEM NO.	QUAN.	ARTICLE	SERIAL NO.	BRAND	MODEL NO.	MISC. DESCRIPTION (COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC.)	DOLLAR VALUE

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CASE ASSIGNED TO IDC OFFICER

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

AGENCY APPREHENDING

PETITION DUE:

DATE AND HOUR APPREHENDED

CII

LAW ENF. CASE NO.

PDJ

JUVENILE HALL ENTRANCE RECORD

DATE AND TIME ADMITTED

JAIN PDN SPECIAL HANDLING (circle) PRIOR EXP. J.H.

D E K S S I C I NO YES WHEN

NAME (LAST) (FIRST) (MIDDLE) SEX DESCENT HAIR EYES HEIGHT WEIGHT BIRTHDATE

AKA AGE RELIGION BIRTHPLACE PRIMARY LANGUAGE

OBSERVABLE PHYSICAL ODDITIES SPECIAL MEDICAL PROBLEMS/INTOXICATION/MEDICATION

GANG AFFILIATION SCHOOL

ADDRESS CUSTODIAL PARENT/GUARDIAN TELEPHONE

MOTHER (GUARDIAN) ADDRESS

FATHER (GUARDIAN) ADDRESS

INTERESTED PERSONS ADDRESS

REASON FOR DETENTION 602 WIC CODE VIOLATIONS 601 WIC VIOLATION COURT ORDER OR WARRANT
 RUNAWAY INS 777 CD PAD

(OTHER) EXPLAIN: RETURN CAMP RETURN PLACEMENT

DESCRIBE INCIDENT OR SITUATION WHICH MAKES DETENTION NECESSARY

COMPANIONS		
DEPUTY PROBATION OFFICER/CASELOAD #	AREA OFFICE	PHONE
SPECIAL NOTE TO CARE & TREATMENT	COURT DATE/TIME	LOCATION
	PARENTS NOTIFIED OF MINOR'S WHEREABOUTS BY	
TRANSPORTED TO J.H. BY	AGENCY	
SEARCHED BY	ADMITTED TO J.H. BY	

JUVENILE ARREST SUPPLEMENTAL REPORT (Use this sheet as next to last page of Arrest Report.)

J No. (601/602 WIC) (Pre-Delinquent/Delinquent)	J No. (300 WIC) (Dependent)	DR No.
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SUBJECT'S NAME (LAST, FIRST, M.I.)	D.O.B.	Booking No.	CII No.
------------------------------------	--------	-------------	---------

PRIOR RECORD. Juvenile Automated Index printout must be attached. ADRIS checked for missing status & CWS for warrants? YES NO

Organization	Office	Assigned Worker	Phone No.	Active PDJ No.	Juvenile Court No. Active Court No.
On Probation <input type="checkbox"/> YES <input type="checkbox"/> NO					
On Parole <input type="checkbox"/> YES <input type="checkbox"/> NO					
On DCFS <input type="checkbox"/> YES <input type="checkbox"/> NO					

OFFICER NOTIFICATION: Within one hour of the juvenile being taken into custody, the officer shall take steps to notify the juvenile's parent, guardian, or responsible relative. Any deviation from procedure must be articulated within the Comments section of this report.

Parent, Guardian or Responsible Relative Notified	Attempted	Contacted	Date	Time	Phone No.	Name	Relationship	Ofcr Serial No.
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>						

OFFICER ADVISEMENT OF JUVENILE PHONE CALLS: Officer shall advise the juvenile of his or her right to place two calls within the first hour and a third call within three hours. Any deviation from procedure must be articulated within the Comments section of this report.

Phone Calls Advise	Officer's Name	Serial No.	Date	Time

DOCUMENTATION OF JUVENILE'S PHONE CALLS: Any deviation from procedure must be articulated within the Comments section of this report.

Juv. Refusal	Responsible Adult (Parent/Guardian, Responsible Relative, or Employer)	Attempted	Contacted	Date	Time	Phone No.	Name of Person Contacted	Relationship
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>					
Y <input type="checkbox"/> N <input type="checkbox"/>	Attorney	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>					
Y <input type="checkbox"/> N <input type="checkbox"/>	3rd Phone Call Within 3 hours to Responsible Adult or Attorney	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>					

ADMONITION OF MIRANDA RIGHTS: For 601 and 602 WIC offenses.

If no interrogation/waiver is sought, only read the Admonition. (DO NOT ask the question, "Do you understand?") Per 625 WIC. OR
 If interrogation/waiver is sought, it must be ascertained if the juvenile understands these rights. Read verbatim per Form 15.03.00, and document the answers below.

Document the juvenile's responses to the admonition of Miranda rights:	If the waiver of rights is sought, the following will be asked:
1. 2. 3. 4.	Do you want to talk about what happened? <input type="checkbox"/> YES <input type="checkbox"/> NO

Gladys R. Admonition shall be completed when minor is under the age of 14 years. Shall be completed after the Miranda Admonition but before questioning begins. Gladys R. Admonition given and form attached? YES NO

IF DETAINED at a probation facility (e.g., Central, Los Padrinos, Barry J. Nidorf), indicate facts that support the reason for detention. If more space is needed, continue on page two.

Booking Approved By	Detention Approved By	Division of Citeback / Date & Time	Court Citation No.	Photos? Y <input type="checkbox"/> N <input type="checkbox"/>	Printed? Y <input type="checkbox"/> N <input type="checkbox"/>
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Comments of Investigating Officer/Arresting Officer

Location of Interview	Date & Time of Interview	<input type="checkbox"/> ADMITS <input type="checkbox"/> DENIES	Adult Present at Interview	Relationship
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Document circumstances that led to the detention of the juvenile.

LOS ANGELES POLICE DEPARTMENT CLASSIFICATION ASSESSMENT

Name: _____ CHARGE: _____ MIS FEL

Booking Number: _____ Gender: M F HEIGHT: _____ WEIGHT: _____ DOB: _____

Step-1: Arresting Officer Completes Questions 1-10, titled Arrestee Questionnaire; and 1-8, titled Arresting Deputy/Officer Observations, from the LA County Unified Arrestee Medical Screening Form. SH-R-422, and Part A of this Form.

Part-A	
1	If the answer was "yes" to Question No. 1 or 2 from the Arrestee Questionnaire Section of the LA County Arrestee Medical Screening Form, contact MEU. MEU Officer Notified: _____ Serial No.: _____ MEU Report No.: _____
2	If the answer was "yes" to Question No. 5, from Arrestee Questionnaire Section of the LA County Arrestee Medical Screening Form, provide the reason for the medication: _____
3	What was the nature of the call? Radio call (e.g., DV, 415, mental)? Observation Arrest (e.g., 415 fight, stolen vehicle)? Explain: _____
4	Was the arrestee combative with anyone or was any violence involved? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: _____
5	Criminal Record: Battery or ADW on a PO/CUSTODY OFCR <input type="checkbox"/> Escape Risk <input type="checkbox"/> Gang Associate <input type="checkbox"/> Gang: _____
6	Does the arrestee have a prior conviction for a sexual offense against an adult or child? Yes <input type="checkbox"/> No <input type="checkbox"/> What was the charge? _____
7	Any prior arrest(s) for a violent offense? Yes <input type="checkbox"/> No <input type="checkbox"/>

Step-2: Custody officer completes Questions 1-7, titled Jailer Observations, from the LA County Unified Arrestee Medical Screening Form, and Parts B and D of this Form.

Part-B		Yes	No	Refuse
1	What is your Sexual Orientation? <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Non-Binary	—	—	<input type="checkbox"/>
2	If you identify as transgender, what gender do you identify with? <input type="checkbox"/> Transmale F to M <input type="checkbox"/> Transfemale M to F <input type="checkbox"/> Neither	—	—	<input type="checkbox"/>
3	Have you ever assaulted a police officer or a custody officer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have any concerns while in this jail? If yes, why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have any religious articles you would like to keep? Description: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are you experiencing homelessness? If yes, how long? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you served in the United States Armed Forces or are you a veteran? Branch of Service: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you been the victim of previous sexual victimization or institutional sexual abuse? If yes, when and where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrestee Signature: _____		<input type="checkbox"/> REFUSED		

Step-3: If Medical Treatment is required, Medical Services Division Personnel complete Part C of this form.

MEDICAL TREATMENT PROVIDED? Yes No

Part-C	
RECORD OF MEDICAL SCREENING - medical instructions for persons in custody	
1	Under the influence of drugs and/or alcohol: No <input type="checkbox"/> Yes <input type="checkbox"/> Last 48 hours <input type="checkbox"/> Unable to determine <input type="checkbox"/>
2	Has the patient been diagnosed with a mental illness? No <input type="checkbox"/> Yes <input type="checkbox"/> Type: _____
3	Suicide Precautions: Safety Cell <input type="checkbox"/> Transfer to Twin Towers (TT) <input type="checkbox"/> or Century Regional Detention Facility <input type="checkbox"/>
4	Safety Criteria: Safety Cell <input type="checkbox"/> Sobering Cell <input type="checkbox"/> Low Bunk <input type="checkbox"/> (Advised the patient to use low bunk)
5	Developmentally disabled or intellectually disabled - Place in Administrative Segregation Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Special Diet: Pregnant/lactating (two portions of milk with meals) <input type="checkbox"/> Diabetic <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Soft <input type="checkbox"/>
7	Community Reintegration: Homelessness <input type="checkbox"/> History of Substance Abuse <input type="checkbox"/> Veteran <input type="checkbox"/> Mental Illness <input type="checkbox"/>
8	NO medical treatment needed <input type="checkbox"/> Patient refused medical treatment <input type="checkbox"/>
Disposition: O.K. to Book Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transfer to: Contract Hospital <input type="checkbox"/> Twin Towers <input type="checkbox"/> USC Medical Center <input type="checkbox"/> CRDF <input type="checkbox"/>	
MD <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> Date: _____ Time: _____	
Signature: _____ CC: A copy is to be maintained with the Medical Services Division individual's medical record.	

Part-D	
Does the arrestee appear to be vulnerable, LGBT, intersex or gender non-conforming? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which? _____	
Does the arrestee's behavior, condition or answers to the LAPD Classification Assessment and the LA County Form SH-R-422 indicate the need for other than general housing? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what reason: Sobering <input type="checkbox"/> Suicidal <input type="checkbox"/> Mental Health <input type="checkbox"/> Segregation <input type="checkbox"/> Other: _____	
HOUSING CLASSIFICATION - GENERAL <input type="checkbox"/> SEGREGATION <input type="checkbox"/> SOBERING <input type="checkbox"/> SAFETY CELL <input type="checkbox"/>	
REPORTING EMPLOYEE (Last, First Initial) NAME: _____	SERIAL NO.: _____ DATE: _____ TIME: _____
SUPERVISOR APPROVING SIGNATURE: _____	SERIAL NO.: _____ DATE: _____ TIME: _____