

“AMENDS”
COMMUNITY SERVICE PROGRAM

Lawrence County Juvenile Probation
430 COURT STREET, NEW CASTLE, PA 16101

REFERRAL FOR NON-PAYMENT OF FINES
Certification to Juvenile Court

Magisterial District _____

NAME OF JUVENILE: _____ **D.O.B.:** _____

ADDRESS: _____ **PHONE:** _____

JUVENILE SOCIAL SECURITY NUMBER: _____

NAME OF PARENTS/GUARDIAN: _____

ADDRESS (if different from above): _____

DATE OF CITATION: _____ **NT / TR #** _____

DATE OF GUILTY PLEA OR CONVICTION: _____

CHARGE(S): _____

ARRESTING AUTHORITY: _____

FINE AMOUNT: 1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____

TOTAL FINE AMOUNT EXCLUDING COSTS: \$ _____

DISPOSITIONAL

RECOMMENDATION: MST CCRP LCJEP FACTS Comm. Serv.

Other: _____

DISTRICT MAGISTRATE: _____ **DATE:** _____