

**ADMINISTRATIVE OFFICE OF THE COURTS  
STATE OF NEW JERSEY**

**GLENN A. GRANT, J.A.D.**  
ACTING ADMINISTRATIVE  
DIRECTOR OF THE COURTS



**RICHARD J. HUGHES**  
JUSTICE COMPLEX  
PO Box 037  
TRENTON, NEW JERSEY 08625-0037

[Questions or comments may be  
directed to 609-984-4228.]

**SUPPLEMENT TO DIRECTIVE #10-09**

**To: Assignment Judges  
Family Division Presiding Judges  
Trial Court Administrators**

**From: Glenn A. Grant, J.A.D.**

**Subject: Amended Juvenile Complaint Form -- Deletion of the Word "Oriental"  
from Listed Race Categories**

**Date: July 21, 2010**

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This supplements Directive #10-09, "Amended Juvenile Complaint Form – Addition of Degree of Offense," issued September 28, 2009. That Directive promulgated an amended Juvenile Complaint Form requiring that the degree of offense be indicated on the form. However, that form as promulgated by Directive #10-09 contained an error in that it failed to delete the obsolete term "Oriental" from the categories for race. The attached corrected Juvenile Complaint Form instead uses the term "Asian." In accordance with Rule 5:20-1, this further amended form is hereby promulgated for use effective immediately.

Questions may be directed to Family Division Assistant Director Harry Cassidy at 609-984-4228.

G.A.G.

**Attachment**

cc: Chief Justice Stuart Rabner  
Attorney General Paula T. Dow  
Public Defender Yvonne Smith Segars  
Stephen J. Taylor, Director, DCJ  
Hester Agudosi, Chief, Pros. Supervision  
and Coordination, DCJ  
County Prosecutors

AOC Directors and Assistant Directors  
Clerks of Court  
Family Division Managers  
Joanne Dietrich, Chief  
Janis Alloway, Assistant Chief  
Steven D. Bonville, Special Assistant  
Francis W. Hoeber, Special Assistant



# COMPLAINT – JUVENILE DELINQUENCY

## Chancery Division, Family Part

### County of \_\_\_\_\_

The State of New Jersey in the Interest of:				Docket number: FJ- ____ - ____ - ____ - ____ - ____		
Mailing address: (Street)				Juv/Party ID number:		
City, state and zip code:				Name and address of school (and grade) or employer:		
Residing in: (township or municipality)		Phone:		Race:	Height:	Weight:
Age:	Date of birth:	Sex:		1 Caucasian; 2 Black; 3 Hispanic; 4 Asian; 5 American Indian; 6 Other; 7 Unknown		
AKA:				Color of eyes:		Color of hair:
1. The parent(s) or guardian of the above named juvenile are: (first name, last name)						
Address:			Phone:		Relationship:	
2. If the above named juvenile is not residing with parent or guardian, he/she is residing with: (name)						
Address:			Phone:		Relationship:	
Charge No.:				The undersigned complainant: (first name, last name)		
Of: (identify department or agency)				Address:		
says: the above named juvenile is alleged, upon <input type="checkbox"/> personal knowledge, <input type="checkbox"/> information supplied by others, to be delinquent in that, on or about ____ / ____ / ____ at ____ a.m. / p.m. the above named juvenile did: [Set forth facts regarding time, manner, place and the essential elements of the alleged act.]						
Co-Defendant[s] Name, Address and Phone No.:						
Witness[es] Name, Address, and Phone No.:						
Violation of (statutory citation and title):						Degree:
<small>I certify that the foregoing statements made by me are true to the best of my knowledge, information and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</small>						
Signature of Complainant/Date:				Officer and Department filing police report		
Charge No.:				The undersigned complainant: (first name, last name)		
Of: (identify department or agency)				Address:		
says: the above named juvenile is alleged, upon <input type="checkbox"/> personal knowledge, <input type="checkbox"/> information supplied by others, to be delinquent in that, on or about ____ / ____ / ____ at ____ a.m. / p.m. the above named juvenile did: [Set forth facts regarding time, manner, place and the essential elements of the alleged act.]						
Co-Defendant[s] Name, Address and Phone No.:						
Witness[es] Name, Address, and Phone No.:						
Violation of (statutory citation and title):						Degree:
<small>I certify that the foregoing statements made by me are true to the best of my knowledge, information and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</small>						
Signature of Complainant/Date:				Officer and Department filing police report		