IN THE STATE OF INDIANA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURT

IN THE MATTER OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Child Alleged To Be A Delinquent Child

**WRIT OF ATTACHMENT FOR FAILURE TO APPEAR**

THE SHERIFF OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, INDIANA IS ORDERED AND COMMANDED TO ATTACH:

Child’s Name:

Address:

Parent/Guardian:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_ Hair: \_\_\_\_\_\_

Features: \_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_ S.S.#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Identifying Information Provided By: Probation Department)

These FINDINGS were made on (\_\_\_\_\_\_\_\_\_\_) (the date file marked hereon) by the JUDGE (Referee) and the JUDGE (Referee) ORDERS (Recommends) that they be adopted as the FINDINGS and ORDER of the Court:

1. The Court on said date conducted a hearing on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. Proof was given to the Court of:

( ) Service of Summons for hearing this date.

( ) Service of a Subpoena for hearing this date.

( ) Said person's presence in Court when further hearing was continued to this date.

3. Said person failed to appear personally or by counsel and is in default.

4. Such failure to appear merits the issuance of a Body Attachment returnable:

( ) To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Detention Center.

( ) To the place designated by the court:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If such person is age eighteen (18) or older.)

5. This Writ of Attachment expires one hundred and eighty (180) days from its date of issuance, with a specific expiration date in this case of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_