ARRESTING OFFICER'S DECLARATION OF PROBABLE CAUSE

The undersigned, a law enforcement office, states that the person whose name appears on the attached "Clark County Juvenile Intake Report" was arrested without a warrant on the date and time shown thereon for crime(s) committed in Clark County, Washington, based upon the following facts and circumstances:

Arresting AgencyReport Number:		Number:
My information was derived from:		JUV. NO:
W1	: W2	: W3
		:S3
Victim(s)		
Offense	RCW	Date of Offense
Offense	RCW	Date of Offense
Offense	RCW	Date of Offense
Location:		
Summarize facts for probable cause:		
The undersigned declares true and correct to the best of his/her		er the laws of the State of Washington that the preceeding statement is
Name:	Title/PSN:	
	CERTIFICATION OF PROBAB	LE CAUSE TO ARREST
	ereby certifies that I have read or had readis established/	d to me the above statement of probable cause to arrest and that I findis not established (release defendant).
Date		
Time:	JUDGE / COMMI	SSIONER