

INSTRUCTIONS TO PARENT OR GUARDIAN REQUESTING A REDETENTION HEARING

1. This form must be completed and submitted in person to the Juvenile Court at the Lake County Juvenile Justice Complex, 3000 West 93rd Street Crown Point, Indiana.
2. If the request is granted, notification will be given by telephone of the date and time of the hearing.
3. The person completing the form must appear in person on the date and time the hearing is set.
4. PLEASE PRINT.

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
 JUVENILE DIVISION
 CROWN POINT, INDIANA

IN THE MATTER OF:

CAUSE NO. _____

 (Name of Child)

REQUEST FOR REDETENTION HEARING

Please provide the information below for the person requesting the Re-detention Hearing

 Name

 Street Address

 City, State, and Zip Code

 Telephone Number

1. I am related to the Child as follows: _____.

2. A Detention Hearing was held on: _____.

3. There have been no other Redetention Hearings held.

OR

A Redetention Hearing was held on: _____.

4. I am requesting a Redetention Hearing because: _____

 _____.

 (Signature)

FOR COURT USE ONLY

ORDER

The Court _____ GRANTS _____ DENIES the Request for Redetention Hearing.

IF GRANTED: Redetention Hearing set for _____ at _____ .m.

 JUDICIAL OFFICER (Date)