



DIVISION OF JUVENILE JUSTICE SERVICES

Arresting/Transporting Officer Questionnaire

Juvenile: _____ Case #: _____ Date: _____

Yes No

- Was physical force used?
- Were police dogs involved?
- Was a taser deployed?
- Was the juvenile evaluated by Emergency Medical Services?
- Was the juvenile evaluated at a hospital?
- Were drugs found?
- Does the juvenile appear to be under the influence of alcohol and/or drugs?
- During your interaction with the juvenile, did they make *any* comments (e.g., "I'm going to kill myself," "I want to die," "I have nothing to live for," "Everyone would be better off without me around") or engage in *any* behavior that would be cause for concern?
- Has another individual with knowledge of the juvenile informed you and/or made comments that suggests that the juvenile is potentially suicidal and/or has a history of suicidal behavior?
- Are there any facts or circumstances surrounding the arrest and/or alleged crime that may suggest the juvenile is potentially suicidal?

Additional information:

Completed by: _____ Agency: _____
(Print your name)

Signature: _____ Date: _____