Arresting/Transporting Officer Questionnaire

Juvenile: __________________________________________ Case #: ____________ Date: ___________________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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| ☐   | ☐  | 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: __________________________________________