



DIVISION OF JUVENILE JUSTICE SERVICES

Arresting/Transporting Officer Questionnaire

Juvenile: _____ Case #: _____ Date: _____

Yes No

- Does the youth appear to be under the influence of alcohol and/or drugs?

- During transport or at any other time, has the youth made *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 engaged in *any* behavior that would be cause for concern?

- Has another individual with knowledge of the youth informed you and/or made comments that suggest that the youth 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 youth is potentially suicidal?

Additional information:

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

Signature: _____ Date: _____