



JUVENILE REHABILITATION ADMINISTRATION (JRA)  
**LAW ENFORCEMENT RECORDS REQUEST**

Date: \_\_\_\_\_

To Whom It May Concern: \_\_\_\_\_

RE: Juvenile Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

JRA Number: \_\_\_\_\_

The Juvenile Rehabilitation Administration (JRA) is in the process of assessing risk and determining placement of the juvenile named above. A review of all available nonconviction records released under RCW 10.97.050 is a required part of this process. We are requesting your assistance by providing JRA with copies of any records you may have regarding the juvenile named above.

Please send records from (dates) \_\_\_\_\_ to \_\_\_\_\_.

Information may be mailed or faxed to the address listed below. If there are no records, please check the box below and return this form. Thank you for your cooperation.

Juvenile Rehabilitation Administration

Attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**There are no records on this juvenile in our files.**

If this form or additional material is not returned in 30 days, we will assume you have no records.

\_\_\_\_\_  
Requesting Staff's Signature