



Michigan Supreme Court

State Court Administrative Office

Trial Court Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Jennifer Warner
Director

MEMORANDUM

DATE: March 3, 2017

TO: Circuit Court Administrators
Family Division Administrators
Juvenile Registers

FROM: Noah A. Bradow, Management Analyst

RE: Consent Calendar and Fingerprinting of Juveniles

On September 15, 2016, a [memo](#) was issued providing guidance as a result of [2016 PA 185](#) and the codification of consent calendar procedures. This memo provides further clarification regarding the fingerprinting requirements of juveniles who are placed on the consent calendar.

A juvenile should be fingerprinted before the case is placed on the consent calendar only if the petition has been authorized¹ and alleges an offense for which fingerprints are required. These cases are still reportable to the Michigan State Police (MSP) upon successful completion of the consent calendar.² There is currently no mandatory format for reporting this information to MSP. The suggested reporting format provided with the September 15th memo is reattached here for your convenience. The court may modify the document as it determines appropriate.

If you have questions, please contact us at TrialCourtServices@courts.mi.gov.

¹ Under MCL 28.243(7), any fingerprints taken must be destroyed if a juvenile petition is not authorized.

² MCL 712A.2f(9).

[SAMPLE REPORT]

Report of Successful Completion of Juvenile Consent Calendar

Send to:

Michigan State Police
Criminal History Section
Attn: Juvenile Consent Calendar Reporting
Fax #: 517-241-0866

<p><u>Court and Case Information</u></p> <p>Court: [INSERT COURT NAME]</p> <p>Case No. [INSERT CASE #]</p> <p>Petition No. [INSERT PETITION #]</p> <p>Jurist Name: [INSERT ASSIGNED JURIST]</p> <p>Jurist P#: [INSERT ASSIGNED JURIST]</p> <p>Filing Date: [INSERT]</p> <p>Authorization Date: [INSERT, if applicable]</p> <p>Adjudication Date: [INSERT, if applicable]</p> <p>Consent Calendar Referral Date: [INSERT]</p> <p>Consent Calendar Completion Date: [INSERT]</p> <p><u>Offense #1:</u></p> <p>PAAC Code: [INSERT]</p> <p><u>Offense #2:</u></p> <p>PAAC Code: [INSERT]</p> <p><u>Offense #3:</u></p> <p>PAAC Code: [INSERT]</p>	<p><u>Juvenile Information</u></p> <p>First Name: [INSERT] Middle Name: [INSERT] Last Name: [INSERT]</p> <p>DOB: [INSERT] Race: [INSERT] Sex: [INSERT] Height: [INSERT] Weight: [INSERT] Hair Color: [INSERT] Eye Color: [INSERT]</p> <p>Address 1: [INSERT] Address 2: [INSERT] City: [INSERT] State: [INSERT] Zip: [INSERT]</p> <p><u>Juvenile's Mother Information:</u></p> <p>First Name: [INSERT] Last Name: [INSERT] Address 1: [INSERT] Address 2: [INSERT] City: [INSERT] State: [INSERT] Zip: [INSERT]</p> <p><u>Juvenile's Father Information:</u></p> <p>First Name: [INSERT] Last Name: [INSERT] Address 1: [INSERT] Address 2: [INSERT] City: [INSERT] State: [INSERT] Zip: [INSERT]</p>
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Record Submission Information:

Date of Submission: [INSERT]

Printed Name:

Signature:
