

**CITATION FOR  
VIOLATION OF YOUTH ACCESS TO TOBACCO ACT  
T.C.A. §39-17-1505 et. seq.**

CITATION NUMBER \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_

STATE OF TENNESSEE – COUNTY OF \_\_\_\_\_

**ATTENTION PARENTS: You will receive notice from Juvenile Court when you and your child are to appear at court regarding this citation. OR, \_\_\_\_\_ You must call Juvenile Court 48 hours after the issue date of this citation to find out when you and your child must go to court regarding this citation. The telephone number is \_\_\_\_\_**

*I, the undersigned have information that the following named juvenile did violate the Youth Access to Tobacco Act, T.C.A. § 39-17-1505 et. seq. The details of such violation are set out in the Narrative section of this citation.*

**JUVENILE'S INFORMATION**

1. Juvenile's Name  
\_\_\_\_\_  
Last                  First                  Middle
2. Resides with:  
\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian  
\_\_\_\_ Legal Custodian  
\_\_\_\_ Other (specify) \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_ Male \_\_\_\_ Female
4. Race: \_\_\_\_ White \_\_\_\_ Black  
\_\_\_\_ American Indian/Alaskan  
\_\_\_\_ Other (Specify) \_\_\_\_\_
5. Ethnicity: \_\_\_\_ Hispanic \_\_\_\_ Non-Hispanic  
\_\_\_\_ Unknown
6. Social Security Number: \_\_\_\_\_
7. School: \_\_\_\_\_
8. Grade: \_\_\_\_\_
9. Mother/Guardian's Name (Last, First, Middle): \_\_\_\_\_  
Address (Street, Apt. #, City): \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_
10. Father/Guardian's Name (Last, First, Middle): \_\_\_\_\_  
Address (Street, Apt., City): \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_
11. Date of Violation: \_\_\_\_\_
12. Location of Violation:  
\_\_\_\_\_
13. Was any tobacco product confiscated? \_\_\_\_ Yes \_\_\_\_ No

14. If tobacco product was confiscated, where is it being kept? \_\_\_\_\_

15. Manner in which T.C.A. § [39-17-1505](#) was violated (*check those applicable*):

- Possession of tobacco product
- Accepted or received a tobacco product
- Purchase of tobacco product
- Offered or presented false proof of age in order to purchase or receive tobacco

16. Narrative (*Provide a brief factual description of the violation*):

17. Officer/Principal (*print*) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Officer/Principal Signature: \_\_\_\_\_

18. **Juvenile's Responsibilities:**

**I hereby acknowledge receipt of this citation and agree to deliver it promptly to my parent(s) or guardian(s). The information I have given is true to the best of my knowledge. I understand that I may be prosecuted if I have given false information. I understand that my signature only indicated that I have received a copy of this citation, and is not an admission that I violated the *Youth Access to Tobacco Act*.**

Juvenile's Signature: \_\_\_\_\_

**COPY TO JUVENILE**