

# Juvenile Information Form

**IMPORTANT:** Fill out this form completely and return to the Court Services Office by \_\_\_\_\_.

## IDENTIFYING INFORMATION

Name (First, Middle, Last): \_\_\_\_\_

Maiden, Married, or other names used: \_\_\_\_\_

Physical address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (city and state): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic ancestors: Y / N

Do you have any difficulties with reading and writing? Y / N

List names, ages, and relationship of the other people living in the household.

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

Driver's license number: \_\_\_\_\_ State issued: \_\_\_\_\_

Has your license ever been suspended/revoked? Y/ N      If yes, why?

\_\_\_\_\_

**\*\*If you need additional space filling out sections of this form please use the back of the page that you are completing\*\***



**PRIOR RECORD**

Please report all **juvenile** arrests, diversions, IIP's and convictions/adjudications:

<u>Date</u>	<u>Court Location</u>	<u>Charge</u>	<u>Adjudicated (Y/N)</u>	<u>Sentence</u>

Were you ever placed out of the home? \_\_\_\_\_ If yes, where and why? \_\_\_\_\_

Have you ever served any time in a juvenile facility? Y / N Where & how long? \_\_\_\_\_

Age at first arrest? \_\_\_\_\_

Are you **currently** on probation/diversion/IIP? Y / N Where? \_\_\_\_\_ For what offense? \_\_\_\_\_

Supervision Officer's name: \_\_\_\_\_

Have you been on probation/diversion/IIP in the past? Y / N When? \_\_\_\_\_ Where?: \_\_\_\_\_

For what offense?: \_\_\_\_\_

Supervision Officer's name: \_\_\_\_\_ How long were you on supervision? \_\_\_\_\_

Have you ever had your probation/diversion/IIP revoked? Y / N If yes, why? \_\_\_\_\_

**FAMILY**

Full name of natural father: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ State of health: \_\_\_\_\_ Date of death: \_\_\_\_\_

Employer: \_\_\_\_\_

Full name of natural mother: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ State of health: \_\_\_\_\_ Date of death: \_\_\_\_\_

Employer: \_\_\_\_\_

Full name of step-father: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Full name of step-mother: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Describe your relationship with your parents. (Example: Are they supportive? How do you get along with your parents? Do you and your parents have frequent disagreements? What types of activities do you do with your parents?):

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Which parent are you closest to? \_\_\_\_\_ Which parent primarily raised you? \_\_\_\_\_

Do your parents have rules for you to follow? \_\_\_\_\_

Do you have a curfew? Y /N If yes what time? \_\_\_\_\_

What is your punishment if you break those rules or curfew? \_\_\_\_\_

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How do your parents feel about your current case? \_\_\_\_\_

Please list all brothers and sisters.

<u>Full Name</u>	<u>Full/Half/Step</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>

**EDUCATION**

Where do you attend school? \_\_\_\_\_ Current grade level \_\_\_\_\_

If not in enrolled what was the last grade you completed? \_\_\_\_\_

If not enrolled in school have you received or worked towards your G.E.D.? Y / N

If yes, when and where? \_\_\_\_\_

List all schools you have attended:

Grade \_\_\_\_\_ to \_\_\_\_\_ School: \_\_\_\_\_ Address: \_\_\_\_\_

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Grade \_\_\_\_\_ to \_\_\_\_\_ School: \_\_\_\_\_ Address: \_\_\_\_\_

Do you have attendance problems in school? \_\_\_\_\_ Have you ever been to court for truancy? \_\_\_\_\_

Have you ever been in a fight at school? \_\_\_\_\_

Have you ever been suspended or expelled from school? Y / N

If yes, what were you suspended or expelled for? \_\_\_\_\_

Describe any special classes or programs you attended: \_\_\_\_\_

Are you involved in any organized school activities (example: sports, clubs, school plays, band) \_\_\_\_\_

How do you get along with the other students at school? \_\_\_\_\_

How do you get along with the teachers and principals at school? \_\_\_\_\_

What plans, if any, do you have to further your education? \_\_\_\_\_

**EMPLOYMENT**

Are you employed? Y / N If no, how long has it been since you worked? \_\_\_\_\_

Current employer: \_\_\_\_\_ Job title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Immediate supervisor's name: \_\_\_\_\_

Date employed: \_\_\_\_\_ Current pay: \_\_\_\_\_ Work schedule: \_\_\_\_\_

Have you ever been fired from a job? Y/ N If yes, why: \_\_\_\_\_

Do you feel like you get along well with the people you work with? Y / N

List your employment history. Please fill in as much information as possible:

<u>Date</u>	<u>Employer</u>	<u>Address</u>	<u>Job title</u>	<u>Reason left</u>

**ASSOCIATIONS**

Please list your closest friends:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>

Do you prefer to spend your free time primarily alone or with others? \_\_\_\_\_

What do you and your friends do for fun? \_\_\_\_\_

How many people do you know and hang out with that have been in trouble with the law? \_\_\_\_\_

How do you know these people? \_\_\_\_\_

How many people do you know and hang out with that have never been in trouble with the law, and you would think they would never be in trouble? \_\_\_\_\_

How do you know these people? \_\_\_\_\_

**ALCOHOL/DRUG USE**

How old were you when you first tried alcohol? \_\_\_\_\_ How often do you drink alcohol? \_\_\_\_\_

When was the last time you drank alcohol? \_\_\_\_\_

How much do you normally consume when drinking? \_\_\_\_\_

Do you use illegal drugs or abuse prescription drugs? Y / N If yes, how old were you when you first used? \_\_\_\_\_

How often do you use illegal drugs or abuse prescription drugs? \_\_\_\_\_

When was the last time you used illegal drugs or abused prescription drugs? \_\_\_\_\_

What kind of drugs do you use? \_\_\_\_\_

Has your family or friends complained to you about your drinking or drug use? Y / N

Have you had problems in school or work because of your use of alcohol or drugs? Y / N If yes, what problems did your use cause? \_\_\_\_\_

Were you under the influence of alcohol or drugs at any time when you have gotten in trouble with the police or at school? Y / N If yes explain the circumstances \_\_\_\_\_

Have you ever received counseling/treatment for your alcohol or drug use? Y / N If yes, when and where? \_\_\_\_\_

**LEISURE/RECREATION**

Have you belonged to any organizations, groups, or clubs in the past year? Y / N

Do you attend meetings, help with activities, or volunteer with their activities? Y / N If yes, explain:

How do you spend your free time? (Hobbies?) \_\_\_\_\_

\_\_\_\_\_

Describe a typical day: \_\_\_\_\_

\_\_\_\_\_

**EMOTIONAL/HEALTH**

Have you ever been diagnosed with any type of Mental Health disorder? (Example: Excessive Anxiety, Depression, PTSD, Bi-Polar, ADD/ADHD, etc? Y / N If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever received, or are you currently receiving any counseling for mental health issues? Y / N

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

List any medication you are presently taking for mental health reasons & why? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your emotional stability: Y / N If yes, please explain: \_\_\_\_\_

Do you have in physical limitations or health concerns? \_\_\_\_\_

Do you take any medications for health conditions? \_\_\_\_\_

**PERSONALITY AND BEHAVIOR**

If you had to rate yourself from 1 – 10, with 10 being the coolest person you know what rating would you be? \_\_\_\_

Do you feel like you have trouble concentrating? Y / N

Do you become frustrated easily? Y / N

Do you get into arguments or fights with people often? Y / N

Do you ever lose your cool and throw or punch things, slam doors? Y / N

Have you ever been in a physical fight? Y / N If yes, how many times and with who (example: someone at school, friend, relative) \_\_\_\_\_

**GOALS AND PROBATION PLANS:**

Do you think you should be placed on probation? Y / N Why? \_\_\_\_\_

\_\_\_\_\_  
List the goals you have set for the future: \_\_\_\_\_

\_\_\_\_\_  
PLEASE CHECK THIS INFORMATION FORM TO BE SURE THAT ALL BLANKS ARE FILLED IN AND ALL INFORMATION IS CORRECT.

I have read/had read to me, this questionnaire, and it is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature