

JUVENILE INTAKE FORM

ID#: _____ DISPOSITION: _____ CASE: _____ DATE: ____/____/____

JUVENILE INFORMATION

Juvenile Full Name: _____ SSN: _____ - _____ - _____ DOB: ____/____/____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____ Employer: _____
Race: _____ Sex: ____ Height: _____ Weight: _____ Build: _____ Hair: _____ Eyes: _____
Scars, Marks, Tattoos, Birth Marks: _____ Allergies: _____
School attending: _____ Grade: _____ Nickname: _____ Age: _____

GUARDIAN/CUSTODIAN INFORMATION

Natural Mother: _____ SSN: _____ - _____ - _____ DOB: ____/____/____ Race: _____
Home Phone: _____ Cell: _____ Work: _____ Employer: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Natural Father: _____ SSN: _____ - _____ - _____ DOB: ____/____/____ Race: _____
Home Phone: _____ Cell: _____ Work: _____ Employer: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Step/Mother: _____ SSN: _____ - _____ - _____ DOB: ____/____/____ Race: _____
Home Phone: _____ Cell: _____ Work: _____ Employer: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Step/Father: _____ SSN: _____ - _____ - _____ DOB: ____/____/____ Race: _____
Home Phone: _____ Cell: _____ Work: _____ Employer: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Other Guardian/Custodian: _____ SSN: _____ - _____ - _____ DOB: ____/____/____ Race: _____
Home Phone: _____ Cell: _____ Work: _____ Employer: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____

Siblings Currently Living In the Home:

Name: _____ DOB: ____/____/____ SSN: _____ - _____ - _____ Male or Female
Name: _____ DOB: ____/____/____ SSN: _____ - _____ - _____ Male or Female
Name: _____ DOB: ____/____/____ SSN: _____ - _____ - _____ Male or Female
Name: _____ DOB: ____/____/____ SSN: _____ - _____ - _____ Male or Female

BACK FOR OFFICE STAFF ONLY

Involvement with ANY Juvenile Office: YES NO If yes, explain: _____

FAMILY HISTORY

Parental Substance Abuse: YES NO Explain: _____

Physical Abuse/Neglect: YES NO Explain: _____

Sexual Abuse: YES NO Explain: _____

Mental Illness or Health Handicaps in Family: YES NO Explain: _____

Parental Incarceration: YES NO Explain: _____

REFERRING AGENCY INFORMATION

Referring Agency/Person: _____ Date/Time Committed: ____/____/____ :____

Address Where Committed: _____ City: _____ State: ____ Zip: _____

Complainant/Victim: _____ Allegations: _____

Complainant/Victim Address: _____ City: _____ State: ____ Zip: _____

JUVENILE INFORMATION

Juvenile Substance Abuse: YES NO Explain: _____

Juvenile Abuse: SEXUAL PHYSICAL EMOTIONAL MENTAL NO Explain: _____

Juvenile Mental Illness, Learning Disorder or Health Handicaps: YES NO Explain: _____

Out of Home Placement: YES NO Explain: _____

Prior Referrals: YES NO Explain: _____

Employed: FULL PART NO Children: YES # _____ NO Grades: As Bs Cs Ds Fs Passing Failing School Attendance: GOOD POOR

Insurance: Private Medicaid Restitution: \$ _____

Detention: Date In: ____/____/____ Date Out: ____/____/____ Counseling: _____ CSW Hours: _____

Drug Related: YES NO Drug Type: _____ Alcohol Related: YES NO Alcohol Type: _____

NOTES/OTHER INFORMATION

Deputy Juvenile Officer