

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.

NAME

AGE

RELATIONSHIP

Driver's license number: _____ State issued: _____

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

DEFENDANT'S (YOUR) VERSION OF THE OFFENSE

Please write your version of the offense for which you were convicted/adjudicated. Your statements will be placed in the report exactly as you have written them. No words or spelling will be changed. This is your opportunity to tell the Court your side of the story. Use the back of the sheet if additional space is needed.

How do you feel about the offense you have been convicted of?

Were there any co-defendants involved in the offense with you? Y / N If yes, please list the name(s)

Who, if anyone, is the victim of your offense? _____

Do you have a responsibility to help the victim? If so, how? _____

PRIOR RECORD

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

Date Court Location Charge Adjudicated (Y/N) Sentence

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?): _____

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? _____

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: _____

Grade _____ to _____ School: _____ Address: _____

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