

13th Circuit Court - Family Division

INTAKE FORM

Juvenile Information

Legal Name: _____
First Middle Last

Address: _____
Street/PO Box City/State Zip Code

Home Phone #: _____ Cell #: _____

Juvenile's Social Security #: _____ DOB: _____ Birthplace: _____
City/State

Driver's License/State ID (if applicable): _____ Race: _____

School: _____ Grade: _____ GPA: _____

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Regular Education Student | <input type="checkbox"/> Special Education Student |
| <input type="checkbox"/> Regular Education/Special Education Student | <input type="checkbox"/> New Campus Program |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Career Tech Student |

If receiving special education services, please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Educable Mentally Impaired EMI | <input type="checkbox"/> Speech and Language Impaired SLI |
| <input type="checkbox"/> Emotionally Impaired EI | <input type="checkbox"/> Learning Disabled |
| <input type="checkbox"/> Hearing Impaired EI | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Visually Impaired VI | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> POH I | <input type="checkbox"/> Other: _____ |

Medical Insurance: _____ Policy #: _____ Group #: _____

Description of Juvenile:

- Male
 Female

Height: _____
Weight: _____
Hair Color: _____
Eye Color: _____
Birthmarks: _____
Scars: _____
Tattoos: _____

Sibling Information

(Please indicate whether siblings are full, step, half or other)

Sibling 1: _____
First Last DOB Address Relationship

Sibling 2: _____
First Last DOB Address Relationship

Sibling 3: _____
First Last DOB Address Relationship

Sibling 4: _____
First Last DOB Address Relationship

**If more than four (4) siblings, please list on back of this sheet*

Juvenile's last three addresses:

- 1) _____
Street/PO Box City/State Zip Code How long at address?
- 2) _____
Street/PO Box City/State Zip Code How long at address?
- 3) _____
Street/PO Box City/State Zip Code How long at address?

Family Information:

Juvenile resides with:

- Both Parents Father and Stepmother/Girlfriend
 Mother only Guardian: _____
 Father only Foster Care: _____
 Mother and Stepfather/Boyfriend Other: _____

How long has the juvenile lived with the above? _____

Who has legal custody of the juvenile? _____

Who else lives in the home: (please list names, dates of birth and school/employer of others who reside in the juvenile's household including non-family members and their relationship to the juvenile)

	<u>Name</u>	<u>DOB</u>	<u>School/Employer</u>	<u>Relationship to Juvenile</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

Do you have any dogs at home? _____ How many? _____ Are they tied up or in a kennel (for home visits)? _____

Do you have any guns in the home? _____ Does anyone hunt in the home? _____

Has anyone in the home ever been charged with an assaultive offense? _____

Does anyone in the home have a PPO (either as a petitioner or respondent)? _____

If the juvenile has lived with someone else in the past, please list with whom, where, when, and why they left:

	<u>Juvenile Lived with Whom</u>	<u>Address</u>	<u>Dates</u>	<u>Reason for Leaving</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Family relationships (please rate how you child relates with the following family/household members):

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Relationship</u>
Mother:	_____	_____	_____	_____
Father:	_____	_____	_____	_____
Stepfather:	_____	_____	_____	_____
Stepmother:	_____	_____	_____	_____
Siblings: (please name)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other: (please name)				
_____	_____	_____	_____	_____

Parent Information
Father

Father (legal): _____
First Middle Last

Address: _____
Street/PO Box City/State Zip Code

Home Phone #: _____ Cell #: _____

Social Security #: _____ DOB: _____ Birthplace: _____
City/State

Driver's License/State ID: _____ Occupation: _____

Employer: _____ Phone #: _____

Highest Level of Education: _____

Marriages:

Spouse 1: _____ Date/County/State: _____
Name

Date Divorced: _____ County/State: _____
Date

Spouse 2: _____ Date/County/State: _____
Name

Date Divorced: _____ County/State: _____
Date

Parent Information
Mother

- Tether
- Group Home
- Secure Detention
- In-Patient Substance Abuse Treatment

- Foster Care
- Non-Secure Detention
- Residential Placement
- Psychiatric Hospital

Child's Early Development

Were there any complication during pregnancy with your child? _____
 Yes _____ No _____

Were there any problems with your child's labor and delivery? _____
 Yes _____ No _____

Was there any use of tobacco, medications, alcohol, or other drugs during this pregnancy? _____
 Yes _____ No _____

Medical History

Does your child have any chronic or serious medical problem? _____
 Yes _____ No _____

Does your child have allergies? _____
 Yes _____ No _____

Does your child have any special dietary needs? _____
 Yes _____ No _____

Medication:	Dosage:	Frequency:	Taken How Long:	Reason:

Please check how your child takes their medication:

- Always or usually takes medication as prescribed
- Sometimes takes the medication as prescribed
- Rarely takes the medication as prescribed
- Refuses to take the medication as prescribed
- Abuses the medication

Name of child's doctor: _____

Phone # of child's doctor: _____

Address of child's doctor: _____

Street

City/State/Zip

What is the date of:

Your child's last physical exam: _____ (please approximate if not sure)

Your child's last dental exam: _____ (please approximate if not sure)

Your child's last vision exam: _____ (please approximate if not sure)

Emergency contact person (other than a parent or guardian) and phone number:

Name

Phone Number

Mental Health/Psychiatric Services

Has your child ever received psychiatric care?

Yes

No

If yes, please list the following:

Hospital: Doctor: Length of care: Reason:

Psychological Services

Has your child received psychological services?

Yes

No

Has your child received a psychological evaluation?

Yes

No

If yes, please list following:

Doctor: Agency: Date of Evaluation: Reason:

Social Worker and/or Counseling Services

Has your child received social worker and/or counseling services?

Yes

No

If yes, please list the following:

Social Worker/Counselor: Agency: Date of Services:

Has a parent/guardian received mental health services?

Yes

No

Behavioral History

Has your child ever run away from home?

Yes

No

Does your child have a history of physical aggression?

Yes

No

Has the aggressive behavior involved the use of weapons?

Yes

No

Were there any injuries to the victims?

Has your child ever intentionally injured an animal?	Yes _____	No _____
Has your child ever intentionally started an unlawful fire?	Yes _____	No _____
Has your child ever threatened or attempted suicide?	Yes _____	No _____
Has your child been identified with a mental, emotional, or learning disability?	Yes _____	No _____

Child Protective Services

Has your family ever been involved with Child Protective Services? _____
Yes _____ No _____

If yes, please list following:

County/State of CPS	Date	Worker	Reason

Substance Abuse

Has your child ever used tobacco products such as cigarettes and/or chewing tobacco?	Yes _____	No _____
Has your child ever used alcohol?	Yes _____	No _____
Has your child ever used Marijuana?	Yes _____	No _____
Has your child used and/or experimented with any other substances?	Yes _____	No _____
Has your child ever overdosed on alcohol or other substances?	Yes _____	No _____
Has your child ever sold drugs?	Yes _____	No _____
Have you ever thought your child has a substance problem?	Yes _____	No _____
Has your child ever been in treatment for substance problems?	Yes _____	No _____
Is there a family history of alcohol or substance abuse in the immediate and/or extended family?	Yes _____	No _____

Social/Peer Relationships

Who are your child's friends? (First and Last Names):

Do you suspect any gang involvement? _____
Yes _____ No _____

Juvenile Employment History

Is your child employed? _____

If not employed currently, has your child held a job before?

Yes

No

Yes

No

Has your child ever been fired from a job?

Yes

No

Legal History

Is this your child's first offense?

Yes

No

If no, please list your child's previous Court involvement:

Offense:	County/State of Offense:	Date:	Disposition:

*If more than four offenses, please list on back of paper.

This form was completed by:

Juvenile's Signature

Date

Mother's Signature

Date

Father's Signature

Date

Guardian's Signature

Date