CASELOAD REPORTING FORM

COUNTY: MONTH/YEAR: COUNSELOR:

SUPERVISION REPORT	BROUGHT FORWARD	NEW CASES	CATEGORY CHANGE	CLOSED	TOTAL
INFORMAL PROBATION/ADJUSTMENT					
FORMAL PROBATION					
PAROLE					
REFERRAL AND INSTITUTIONAL REPORT					
NON-RESIDENTIAL					
RESIDENTIAL					
INSTITUTIONAL COMMENTS					
TOTALS		(B)			
PRIOR DELINQUENT					

DIVERSIONS FROM TRAIING SCHOOL

PROGRAMS	TOTALS
A. O. P.	
Probation	
Comm. Serv. Work	
Youth Challenge	
Families First	
Community Program	
Non-Residential	
Residential	
Other	
Explain:	
(These numbers should be taken	
from your new cases column.)	
Total Diversions:	(A)

RACE/GENDER	AFRICAN AMERICAN		CAUCASIAN		HISPANIC		AMERICAN INDIAN		ASIAN		OTHER	
	M	F	M	F	M	F	M	F	M	F	M	F