

STATISTICAL DATA

Child's Name: _____

DOB: _____ Age at Offense:

SSN: _____ Age at Dispo.:

Intake/Child # _____ Male:

County of Referral: County of Residence: Female:

Race: Black White Hispanic Indian Asian

Living Arrangements of Child:

With both natural parents In home of relatives

With mother In foster home

With mother and step-father In foster home

With father In institution

With father and step-mother Independent living arrangements

Other: _____

Marital Status of Natural Parents:

Married and living together Mother Dead

Separated Parents not married

Both Dead to each other

Father Dead Unknown

Other: _____

Family Income:

Receiving assistance Not receiving assistance

Other: _____

Location of Residence:

Urban-predominantly residential Suburban

Urban-business/industrial Rural

Out of state

Current School Enrollment:

In school Home school

Not in school

Current School Placement:

Current grade level List current grade _____

Behavior problems Yes or no _____

Learning problems Yes or no _____

Special Ed. Program Yes or no _____

GED Program Yes or no _____

Employment Status:

Part-time work Not working

Full-time work

Medical / Psychological Status:

No health problems Explain med/psych: _____

Current health problems _____

No psych problems _____

Current psych problems _____

Prior History With Court:

Number of prior delinquent

Number of prior status

Number of prior commitments

Charges were referred by:

Law enforcement Family

School Other Court

Social Agency Other

Youth Services Counselor

Date Referred: _____

Reason Referred: (Mark 1,2,3... In order of severity)

| | |
|--|--|
| <input type="checkbox"/> Alcohol Charges | <input type="checkbox"/> Malicious mischief/Vandalism |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Petit Larceny |
| <input type="checkbox"/> Bomb Threats | <input type="checkbox"/> Runaway/CHINS/Incorrigible |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Sexual Offenses |
| <input type="checkbox"/> Disorderly conduct/Disb the Peace | <input type="checkbox"/> Simple Assault/Domestic Violence/Resisting Arrest |
| <input type="checkbox"/> Grand Larceny | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Traffic Violations |
| <input type="checkbox"/> Aggravated Assault (weapon) | _____ |
| <input type="checkbox"/> Contempt of Court (what) | _____ |
| <input type="checkbox"/> Drug Charges (list) | _____ |
| <input type="checkbox"/> Robbery (weapon) | _____ |
| <input type="checkbox"/> Weapons Charges (list) | _____ |
| <input type="checkbox"/> Other | _____ |

| | | |
|-------------------------------|------------|----------|
| Was this a violation of: | Probation | Parole |
| Manner of Handling: | Formal | Informal |
| Adjudicated: | Delinquent | Status |
| Date of Adjudication | _____ | |
| Detention Pending Disposition | Yes | No |

Date of Disposition:

Disposition: (Mark 1,2,3... In order of importance)

Warned, Counseled and Released _____

Supervised Probation _____ (mos.)

Unsupervised Probation _____ (mos.)

Dismissed _____

Training School _____

Detention (days) _____

Fined (amount) _____

Held Open/Retired to Files _____

A.O.P. _____

Certified/Transferred/Waived _____

Wilderness Program _____

Runaway Returned _____

Suspended Commitment _____

Restitution (amount) _____

Community Service Work _____ (hrs.)

Suspended License _____

Referred to Public Agency _____

Referred to Private Agency _____

Placement with Individual _____

Community Programs _____

Other: _____

Counselor's Name: _____