

## CASELOAD REPORTING FORM

COUNTY: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

SUPERVISION REPORT	BROUGHT FORWARD	NEW CASES	CATEGORY CHANGE	CLOSED	TOTAL	DIVERSIONS FROM YOUTH DEVELOPMENT CENTER						
INFORMAL PROBATION/ADJUSTMENT						<b>PROGRAMS</b>					<b>TOTAL</b>	
FORMAL PROBATION						A.O.P.						
PAROLE						Probation						
REFERRAL AND INSTITUTIONAL REPORT						Comm. Service Work						
						Youth Challenge						
						Families First						
						Community Program						
						Non-Residential						
NON-RESIDENTIAL						Residential						
RESIDENTIAL						Other						
						Explain:						
INSTITUTIONAL COMMITMENTS						(These numbers should be taken from your new cases column.)						
TOTALS		(B)				<b>Total Diversions:</b>					(A)	
PRIOR DELINQUENT REFERRALS												
RACE/GENDER	AFRICAN AMERICAN		CAUCASIAN		HISPANIC		AMERICAN INDIAN		ASIAN		OTHERS	
	M	F	M	F	M	F	M	F	M	F	M	F
RACE/GENDER TOTAL												
(CASELOAD AND RACE/GENDER TOTALS ARE TO MATCH)												