

STATISTICAL DATA

Child's Name: _____

DOB: _____ Age at Offense:

SSN: _____ Age at Dispo.:

Intake/Child # _____

County of Referral: County of Residence:

Male: Female:

Race: Black White Hispanic Am. Indian Asian Other

Living Arrangements of Child:

With both natural parents In home of relatives

With mother In group 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

Rural

Urban-business/industrial 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 _____ (m)

Unsupervised Probation _____ (m)

Dismissed _____

Training School (OYDC) _____

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 _____

Suspended License _____

Referred to Public Agency _____

Referred to Private Agency _____

Placement with Individual _____

Community Programs _____

Other: _____

Counselor's Name: _____