

ADA COUNTY JUVENILE COURT SERVICES
400 N. Benjamin Suite 103, Boise, ID 83704
(208) 287-5750



Juvenile's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Juvenile's Cell Phone: _____

Sex: M F Weight: _____ Height: _____ Hair: _____ Eyes: _____ Age: _____ DOB: _____

School: _____ Social Security No.: _____

Distinguishing Marks (scars, birthmarks, tattoos, body piercings); Please list type and body location: _____

Biological Parent's Marital Status: Married Divorced Separated Never Married

Child Living With: _____

Mother's Name: _____

Address: _____ Phone Number: _____

Employment: _____ Work Number: _____

Social Security Number: _____ Date of Birth: _____

E-mail address: _____

Father's Name: _____

Address: _____ Phone Number: _____

Employment: _____ Work Number: _____

Social Security Number: _____ Date of Birth: _____

E-mail address: _____

Stepmother's Name: _____

Address: _____ Phone Number: _____

Employment: _____ Work Number: _____

Social Security Number: _____ Date of Birth: _____

E-mail address: _____

Stepfather's Name: _____

Address: _____ Phone Number: _____

Employment: _____ Work Number: _____

Social Security Number: _____ Date of Birth: _____

E-mail address: _____

Parent Significant Other: _____
Relationship to Juvenile: _____
Address: _____ **Phone Number:** _____
Employment: _____ **Work Number:** _____
Social Security Number: _____ **Date of Birth:** _____
E-mail address: _____

PRIOR AND CURRENT OFFENSES, AND ADJUDICATIONS:

- Has your child ever been on probation before in any other states or counties? If so, did he/she ever receive a probation violation (s)? Did he/she complete probation successfully?

- Has your child ever been sentenced to detention or any other secure facility? If so, how long was he/she there?

FAMILY CIRCUMSTANCES:

Please List **all individuals** currently living in the same home with juvenile:

Name, First and Last	Age/DOB	Sex	Relationship to Juvenile

Please list any brothers or sisters to juvenile *not* currently living in the home:

Name, First and Last	Age/DOB	Sex	Full/Step/Half/Adopted	Where Reside

- Describe any history of domestic violence in the home? Did juvenile witness the violence?

- Explain if anyone in the immediate family has a criminal history, including being on probation, in jail, or prison? Please describe circumstances and list current probation officers, if applicable.

- Describe your child's relationship with their mother.

6. Describe your child's relationship with their father.

7. When you are not home, do you have an idea of where your child is? How does your child check in with you?

8. List the rules and expectations for your child.

9. On a scale of 1-10 (*10 being follows very well and 1 being follows poorly*), how well do you think your child follows the rules?

10. When your child gets in trouble, how do you discipline him/her? How does your child respond to your discipline?

a. Does this discipline work effectively, or make your child behave? Why or why not?

b. Do you ever use any type of physical punishment? YES NO

EDUCATION/EMPLOYMENT:

11. Describe your child's performance in school over the last year, including grades, attitude, and attendance. Current School _____ Grade _____

12. During the last school year has your child gotten in trouble at school? YES NO

a. Tell me about what happened. Was your child suspended, in-house and for how long?

13. Does your child ever skip school? YES NO How often? _____

a. Are you aware of what your child is doing when he skips school? YES NO

14. Explain any significant problems your child has with peers at school.

15. How would you rate the communication with your child's teachers/school administration, on a scale of 1-10, with 10 being very well and 1 being poor? What would they report about your child? (Note: we may contact the school for collateral information).

16. What are your child's current grades? _____

- a. Are these typical grades for your child? YES NO
- b. Is the work hard for your child? YES NO
- c. Do you think your child could do better? If so what do they need to do better?

17. Is your child in any special classes at school? Are they receiving any educational accommodation services (IEP, 504)? Has your child ever been diagnosed with an attention deficit disorder, or learning disability? Please explain.

18. What are your child's goals for his/her education? Career?

19. Is your child currently working? YES NO Where? _____

- a. For how many hours per week? _____ How long has your child been there? _____
- b. Does your child have employment history? Please list previous employers.

- c. If your child is able to work but not currently working would you like him/her to find a job? _____

PEER RELATIONS:

Please list **juvenile's closest friends:**

Name: First & Last	Age	On Probation?	
		Y	N
		Y	N
		Y	N
		Y	N
		Y	N

		Y	N
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20. How well do you know your child's friends? Do you approve of your child's friends? Why or why not?

21. Explain if any of your child's close friends have ever been in trouble with the law?

a. Does your child or his/her friends claim gang affiliation? YES NO

b. If so, what gang? _____ How long has he/she been involved? _____

22. To your knowledge, do any of your child's friends use drugs or alcohol? Please explain.

23. What concerns do you have about your child's friends?

SUBSTANCE ABUSE:

24. Explain if there is a history of substance abuse with *any immediate family members*? If so, please note who, what substances, and time frames of use.

25. To your knowledge, *has or does* your child use drugs or alcohol? If so, what substances and how often? _____

If there is a substance abuse history please answer the following questions:

a. Explain if you feel like your child's use of alcohol or drugs has interfered in your child's functioning, as in relationships with parents, friends, with schoolwork, or caused your child physical problems?

b. Why do you think your child drinks/uses drugs?

c. Have you talked to your child about his/her use? What interventions have been tried?

LEISURE/RECREATION:

26. Tell me about any clubs, groups, or organizations through school or in the community that your child is involved with.

27. What hobbies or activities is your child interested in? What does your child like to do when they have spare time? Are you able to participate in these activities with your child?

PERSONALITY AND BEHAVIOR:

28. How would you describe your child's personality?

29. How does your child deal with anger in general? Anger with people? How often does your child get angry? Do you have concerns how your child deals with his/her anger?

30. Does your child ever have trouble concentrating or focusing at home? At school? If so explain.

31. How often does your child give up easily when frustrated or angry? Does he/she act impulsively, shut down, throw things, or flee the situation? Please explain.

32. List any physical health problems your child has.

33. Please explain if your child ever been the victim of physical or sexual abuse or neglect?

a. Was the matter reported to the police? Was it prosecuted?

34. Has your child ever been depressed for a long period of time? How long? What caused this depression? Has your child been hospitalized? If so, please list where and dates.

35. Has your child ever attempted self-harm or suicide? Please describe. Is this a current concern?

36. List any medications your child takes for a mental health condition and doctors overseeing medication management. What is his/her diagnosis? Please list the reason for which your child takes medication.

37. Explain any traumatic or significantly emotional events your child has witnessed or been a part of.

ATTITUDES/ORIENTATIONS:

38. Has your child participated in any groups, counseling, or treatment? If so, please describe where, when, and why they were in counseling, groups, or treatment. If your child stopped attending, what was the reason?

a. Do you think groups, counseling, or treatment helped your child? How? Would you like to see your child in counseling or treatment at this time?

39. What do you think will help your child stay out of trouble in the future? Explain if there is anything specific you would like to see the Court order.

40. List any potential problems that might exist that would keep your child from successfully completing probation.

41. List any strengths your child has that will allow them to successfully complete probation.

CLOSING COMMENTS FROM PARENTS: (Anything you would like to say directly to the Judge or have him aware of when considering your child's case. This will be quoted directly in the report.)
