



Juvenile Probation Intake Packet

This form is to be completed by the PARENT/GUARDIAN. It is important that the ALL sections are completed as ACCURATELY as possible. Please fill out, print and bring this form to your child's scheduled appointment **or** you can email the completed form to juvintake@eriecountypa.gov All information provided will be kept confidential and will help Erie County Juvenile Probation process the case in a timely fashion.

JUVENILE INFORMATION

Today's Date: _____

Juvenile's Name: _____ D.O.B.: _____
(Last) (First) (Middle) (Suffix)

Address: _____
(Street and Apt. #) (City) (State) (Zip Code) (Township)

When did you move there (Date): _____ Is this Public Housing? Yes No

Email: _____ US Citizen Yes No

Phone Home: _____ Erie County Resident? Yes No
Cell: _____ Interpreter Needed? Yes No

Juvenile's Social Security Number: _____ Language Spoken: _____

Juvenile's Alias or Nickname: _____

Is OCY Involved? Yes No Current Caseworker: _____

Current Judge Involved: _____

JUVENILE PHYSICAL DESCRIPTION

Gender: Male Female

Height: _____

Eye Color: _____

Weight: _____

Hair Color: _____

Body Build:

Large Frame
Large Muscular Frame
Medium Frame
Medium Muscular Frame

Muscular
Small Frame
Small Muscular Frame

Complexion:

Acne
Black
Dark
Fair skin
Light Skin

Medium
Olive
Pale
Pock-Marked
Ruddy

Severe Acne
Swarthy
Tanned

Race:

Alaska Native or American Indian
 Asian
 Black
 Native Hawaiian or Pacific Islander
 Unknown
 White

National Origin:

Anglo
 African American
 Iraqi
 Spanish
 Central American
 Taiwanese
 Middle Eastern

Chinese
 Southeast Asian
 Italian
 French
 Russian
 Polish
 Hispanic
 Unknown

Scars/Tattoos/Identifying Marks/Piercings?

Yes

No (If YES, describe & list location)

JUVENILE PHYSICAL HEALTH HISTORY

Physical Health Issues – Past & Present: _____ Date: _____

_____ Date: _____

Medications & Reason Taken: _____

Prescribing Doctor: _____

Drug & Alcohol Use: _____

JUVENILE’S MENTAL HEALTH HISTORY

Diagnosis: _____ Date of Diagnosis: _____

Diagnosing Psychologist or Psychiatrist: _____

Diagnosis: _____ Date of Diagnosis: _____

Diagnosing Psychologist or Psychiatrist: _____

Medications: _____

In-Patient Hospitalizations: _____ Date: _____

Past Agency Involvement: _____ Date: _____

Current Mental Health Services & Agency: _____

FAMILY DOCTOR

Doctor or Facility Name: _____

Care Provided: *Medical* *Prescription* *Vision*

Address: _____

(Street and Apt. #)

(City) (State) (Zip Code)

Phone: _____

Fax: _____

DENTIST

Doctor or Facility Name: _____

Address: _____

(Street and Apt. #)

(City) (State) (Zip Code)

Phone: _____

Fax: _____

JUVENILE'S EMPLOYMENT

Employed: Yes No Employer: _____

FINANCIAL AND FAMILY INFORMATION

HOUSEHOLD INCOME INFORMATION

Under \$10,000 per year	<input type="checkbox"/>	Over \$50,000	<input type="checkbox"/>
Over \$10,000 and under \$15,000	<input type="checkbox"/>	Monthly Social Security Income:	_____
Over \$15,000 and under \$20,000	<input type="checkbox"/>	Monthly Welfare Income:	_____
Over \$20,000 and under \$30,000	<input type="checkbox"/>	Current Number in Family:	_____
Over \$30,000 and under \$50,000	<input type="checkbox"/>		

STRUCTURE INFORMATION (FAMILY STATUS)

Biological Parent Status

Check all that apply

	Year
Married	<input type="checkbox"/> _____
Divorced	<input type="checkbox"/> _____
Separated	<input type="checkbox"/> _____
One Parent Deceased	<input type="checkbox"/> _____
Both Parents Deceased	<input type="checkbox"/> _____
Parents Never Married	<input type="checkbox"/> _____
Court Ordered Custody	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____

Juvenile's Current Living Situation

Both Biological Parents	<input type="checkbox"/>
Biological Mother	<input type="checkbox"/>
Biological Father	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Father & Step Mother	<input type="checkbox"/>
Mother & Step Father	<input type="checkbox"/>
Shared Custody Arrangement	<input type="checkbox"/>
Adoptive Parent(s)	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please Explain:

Are there any pets in the home? ___YES ___No If Yes, Describe: _____

Are there any weapons in the home? ___Yes ___No

*If Yes:
What kind? _____

Where are they located? _____

Are they secured? _____

JUVENILE'S INSURANCE INFORMATION

PRIMARY INSURANCE

Company: _____

Insurance Type (Check All That Apply)

Dental

Medical

Prescription

Vision

Policy Number: _____

Insurance Number: _____

Group Number: _____

Responsible Party: _____

SECONDARY INSURANCE

Company: _____

Insurance Type (Check All That Apply)

Dental

Medical

Prescription

Vision

Policy Number: _____

Insurance Number: _____

Group Number: _____

Responsible Party: _____

PARENT OR GUARDIAN INFORMATION

Please check one: Biological Father Adoptive Father

Name: _____ D.O.B.: _____
(Last) (First) (Middle) (Suffix)

Social Security Number: _____ - _____ - _____ Language(s) Spoken: _____

Address: _____
(Street and Apt. #) (City) (State) (Zip Code) (Township)

Date Moved There: _____

Phone Contact

Email: _____

Home: _____

Employer: _____

Cell: _____

Occupation: _____

Work: _____

List All Others Living in this Home:

Name	DOB	Relationship to Client
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Are any, or have any of these people been involved with Adult or Juvenile Probation?

Yes No

If YES, what is Probation Officer's Name? _____

Please check one: Biological Mother Adoptive Mother

Name: _____
(Last) (First) (Middle) (Suffix)

Maiden Name: _____

Social Security Number: _____ - _____ - _____

Language(s) Spoken: _____

D.O.B.: _____

Address: _____
(Street and Apt. #) (City) (State) (Zip Code) (Township)

Date Moved There: _____

Phone Contact

Email: _____

Home: _____

Employer: _____

Cell: _____

Occupation: _____

Work: _____

List all Others Living in this Home:

<u>Name</u>	<u>DOB</u>	<u>Relationship to Client</u>
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Are any, or have any of these people been involved with Adult or Juvenile Probation?

Yes No

If YES, what is Probation Officer's Name? _____

Significant Others

Step-Parent

Parent's Paramour

Legal Guardian

Foster Parent

Relative

Other (Explain)

Name: _____ D.O.B.: _____
(Last) (First) (Middle) (Suffix)

Social Security Number: _____ - _____ - _____ Language(s) Spoken: _____

Address: _____
(Street and Apt. #) (City) (State) (Zip Code) (Township)

Date Moved There: _____

Phone Contact

Home: _____

Email: _____

Cell: _____

Employer: _____

Work: _____

Occupation: _____

List All Others Living in this Home:

Name	DOB	Relationship to Client
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JUVENILE'S SCHOOL INFORMATION

Current Status: In School Out of School Classes Regular/Special

Home School: _____ Current School As of Today: _____

Vo-Tech: Yes No

Date Started at Current School: _____ Ending Date: _____

Starting Grade at Current School: _____ Current Grade Level: _____ GPA: _____

If Out of School:

Last School Attended: _____

Last Day and Year Attended: _____ Final Grade Completed: _____

Comments (i.e. discipline problems grades, attendance, or tardy issues, etc.):

Does Juvenile have a Driver's License? Yes No

If yes, issuing State & License Number: _____ Date Issued: _____

Learner's Permit Number: _____

This Page for Probation Office Use Only

CASE NOTES

1) Previous Handlings (i.e., DJ Incident Reports, Diversion)

2) Other Agency Involvement – or – Legal Involvement
(i.e., OCY/District Judges/Counselors, etc.)

3) Significant Others (i.e., associates, peers, relatives, etc.)

4) Explanation of Offense, Admit or Deny

Offense #____(Admit/Deny) Explanation:

Offense #____ (Admit/Deny) Explanation:

Offense #____(Admit/Deny) Explanation:

5) Restitution:

6) Victim Impact Statement: Yes No

JP #_____

Photo #_____

Assigned PO:_____

Recommendation: _____

Releases: _____

Photo Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urine Sample Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of Address Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Individuals Present at Intake: _____

DOCUMENT VERIFICATION

Birth Certificate: Yes No Comment(s): _____

Social Security Card: Yes No Comment(s): _____

Medical Card: Yes No Comment(s): _____

Citizenship/Naturalization: Yes No Comment(s): _____