

**SIXTH DIVISION CIRCUIT COURT  
JUVENILE BACKGROUND INFORMATION FORM**

**\*\*Must complete all sections\*\***

**NAME:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_ **CELL NO.** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**1. School adjustment and attendance records:**

\_\_\_\_\_  
\_\_\_\_\_

**2. Does Juvenile have previous arrest or court records?      Yes / No      If yes, explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Is juvenile employed?    Yes / No    If yes, please state where, salary, and length of employment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**FATHER'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **PHONE.:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**LENGTH OF EMPLOYMENT:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **PHONE.:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**LENGTH OF EMPLOYMENT:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**PARENT'S MARITAL STATUS:**

**SINGLE** \_\_\_\_\_ **MARRIED** \_\_\_\_\_ **DIVORCED** \_\_\_\_\_ **SEPARATED** \_\_\_\_\_

**STEPFATHER'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **PHONE.:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**LENGTH OF EMPLOYMENT:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**STEPMOTHER'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **PHONE.:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**LENGTH OF EMPLOYMENT:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**CUSTODIAN'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **PHONE.:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**LENGTH OF EMPLOYMENT:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**List two people that we may contact if we can not reach the parent and/or the juvenile.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE.:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**HOW IS THIS PERSON RELATED TO THE JUVENILE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE.:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**HOW IS THIS PERSON RELATED TO THE JUVENILE:** \_\_\_\_\_

**JUVENILE OR FAMILY BACKGROUND INFORMATION**

1. Is the Juvenile or family presently or has previously been involved in counseling? Yes/No. If yes, name of agency and therapist. \_\_\_\_\_

2. Was the counseling ordered by the Court? Yes / No If yes, date?

3. If Juvenile or family has not been involved in counseling, is counseling needed? Yes/No. If yes, explain: \_\_\_\_\_

4. Has there been any out of home placement? Yes/No. If yes, where and when:

5. Does the Juvenile have present behavioral problems in the home or school? Yes/No. If yes, explain. \_\_\_\_\_

6. Does the Juvenile have a current IEP Plan/504 Plan? \_\_\_\_\_ Present a copy.

7. Does the Juvenile have a drug or alcohol problem? Yes/No. If yes, explain:

8. Has the Juvenile been tested or found to have any type of handicap? Yes/No. If yes, explain:

9. Does the mother or father have a criminal records)? Yes/No. If yes, explain:

10. Does the mother or father have a drug or alcohol problem)? Yes/No. If yes, explain:

11. Father's level of education: \_\_\_\_\_

Mother's level education: \_\_\_\_\_

12. Is any other agency presently (or previously) working with the family? (Social Services, SCAN, Mental Health, etc.) Yes / No If yes, give the name of the agency and date of service.

13. Has the family ever had a DHS case? Yes / No

Status: \_\_\_\_\_ Caseworker: \_\_\_\_\_

14. Who is the Juvenile's Primary Care Physician? \_\_\_\_\_

When was the last appointment? \_\_\_\_\_

**OTHER CHILDREN IN HOME**

NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_

Do any other children in the home have criminal or court records? Yes/No. If yes, Explain.

\_\_\_\_\_  
\_\_\_\_\_

Do any of the other children in the home have drug or alcohol problems? Yes/No. If yes give name and explain: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm and attest that the above-stated information is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES: \_\_\_\_\_