

FACE SHEET

NAME DOB CASE #

CELL SOCIAL SECURITY NUMBER

MEDICAL INSURANCE/ID

TRIBAL AFFILIATION

SEX HEIGHT WEIGHT HAIR COLOR

SCARS BIRTHMARKS TATOOS

PRIMARY CARE PHYSICIAN

COUNSELOR/THERAPIST

ALLERGIES/ MEDICAL PROBLEMS/ DISABILITES

MENTAL HEALTH DIAGNOIS/ HOSPITALIZATIONS

IS THE JUVENILE ASSAULTIVE OR AGGRESSIVE?

HAVE THEY EVER THREATENED OR ATTEMPTED SUICIDE?

ALL CURRENT MEDICATIONS AND DOSAGE Meds at school?

SCHOOL / GRADE

PARENT/GUARDIAN NAME Child lives with you?

ADDRESS

PHONE NUMBER TEXTING OK?

Email:

PARTNER/SIBLINGS/ OTHERS IN HOME

PARENT/GUARDIAN NAME Child lives with you?

ADDRESS

PHONE NUMBER TEXTING OK?

Email:

PARTNER/SIBLINGS/OTHERS IN HOME

HOME AND FAMILY INTAKE REPORT

Our probation officers do make home visits. So we need to know where your child lives and how to get there-

Directions to your home and the style/color of the home. Is your Address on your mailbox?

Does your family have any pets? What are they? What are their names? Do they bite?

How long has your family resided in Cheboygan County? Prior County of residence?

Does your family have a current DHHS case? If so who is the DHHS worker?

Does anyone in your home receive services from Community Mental Health, including Wrap Around or NFIS?

Does your child receive counseling services or medications through Thunder Bay medical at school?

If the parents do not live together is there visitation schedule?

Do you have family or friends in the area who would be appropriate as an emergency contact or for your child to stay with in the event of a family argument and a cooling off period is needed?

Does the Juvenile have their own room or share a room? Who do they share a room with?

When this incident happened were any discipline strategies used at home?

Was the youth remorseful for their actions or did they apologize?

Please describe youth's behavior / respect, in the home:

Parents view of youth's strengths and weaknesses:

Does your child have a job? Where? How long?

Does your child participate in sports or activities in or out of school?

How do the parents feel about this situation and their child being charged with this offense and what punishment do you deem appropriate by the court in this situation?

Are you, as a parent willing and able to enforce the probation terms and court orders?

Do you and your child understand there can be consequences of not following the court's orders?

Do parents understand they may have to provide or pay for transportation to professional services, community service treatment or detention if necessary?

Do the parents believe the youth is able to understand what probation is and follow the rules, if not why not?

Is there a victim in his matter? If there is a victim. Does the family or juvenile know this victim?

Have they changed schools recently? If so, why?

Is your child on track to graduate on time?

What are their current grades? How many absences this school year? How many discipline referrals do they have? Do you feel like they work to the best of their ability and get the help they need at school?

Does your child have any learning disabilities or do they have special education status an IEP or 504?

Is there anything else you feel the court should know about your child, your family or this matter?

53RD CIRCUIT COURT JUVENILE PROBATION RELEASE OF INFORMATION

THIS RELEASE OF INFORMATION AUTHORIZES THE CHEBOYGAN COUNTY CIRCUIT COURT FAMILY DIVISION JUVENILE DEPARTMENT TO HAVE CONTACT WITH MY CHILD. TO GIVE AND OBTAIN INFORMATION PERTAINING OT MY CHILD TO AND FROM SCHOOLS, SUPPORT SERVICES, COUNSELORS, POLICE AND MEDICAL PERSONNEL OR AGENCIES SUCH AS COMMUNITY MENTAL HEALTH.

INFORMATION MAY INCLUDE COURT HISTORY, MEDICAL, DENTAL, SCHOOL, PSYCHJOLOGICAL, DHHS, RECORDS AND MAY INCLUE ANY OTHER EXCHANGE OF INFORMATION THAT IS IN THE BEST INTEREST OF THIS MINOR CHILD.

THIS RELEASE REMAINS IN EFFECT AS LONG AS THERE IS A PETITION FILED OR A CASE OPEN FOR THIS CHILD WITH THE CHEBOYAN COUNTY JUVENILE COURT OR CHEBOYGAN COUNTY PROSECUTOR'S OFFICE.

MINOR CHILD NAME

DOB

PARENT/GUARDIAN SIGNATURE

DATE