

MONROE CIRCUIT COURT PROBATION DEPARTMENT JUVENILE SERVICES INTAKE & ORIENTATION FORM

Referrals to Juvenile Probation: Probation is the starting place for a juvenile's interaction with the juvenile justice system. Juveniles are referred to the Probation Department for committing delinquent acts or status offenses. Delinquent acts are defined as acts that would be crimes if committed by an adult. Status offenses are acts of delinquency that are not crimes for adults, and include truancy, incorrigibility, curfew violation, and runaway.

Preliminary Inquiry: The Probation Department is required by Indiana law to conduct a ***Preliminary Inquiry*** investigation including an interview of the parents/guardians and the child. A ***Preliminary Inquiry*** is an investigation into the facts and circumstances surrounding the child's alleged involvement in a delinquent act(s).

Meeting with Juvenile Probation Officer: During the initial appointment, the child and parent(s) will be interviewed by a probation officer. The probation officer (PO) is part of the court staff. The PO obtains information about the child's case, writes court reports, and makes recommendations throughout the process. The PO supervises, helps, and oversees children placed on probation as part of a disposition or sentence. The PO is not a law enforcement officer, but does assist the judge and prosecutor. The PO will make a recommendation regarding how to resolve the case. Options include: dismissal of the case (with or without required conditions); informal adjustment (informal resolution of case without the filing of a formal petition with the court); referral to another agency for services; or filing a petition alleging delinquency with the court.

Juvenile Judge: The judge presides over all hearings and decides what facts the law allows to be considered in the child's case. The judge makes decisions throughout the case that affect whether the child is detained in a juvenile detention facility, or has other rules to follow, and also decides what programs the child and parent(s) must attend.

Defense Attorney /Public Defender (Court Appointed Counsel): The child has the right to be represented by an attorney. This right will be explained in greater detail during the appointment with the Juvenile PO. The child's case may be resolved without going to court; however, if the case does go to court, the court must appoint a defense attorney to represent the child (not the parents), if one has not been hired or the right to an attorney has not been waived, at the child's first court appearance. The child's right to an attorney is not based upon the parents' or child's ability to pay.

Parents/Guardians: Both parents are also a party to the juvenile justice proceedings and are required to obey court orders. Parents have the right to be notified, in advance, of all hearings that are scheduled after the filing of a delinquency petition, or after the arrest and removal of the child from the home, whichever occurs first. Parents should attend every court hearing.

GENERAL PROBATION DEPARTMENT INFORMATION

Probation Department hours: 8:00 A.M. – 5:00 P.M. Monday – Thursday 8:00 A.M. – 4:00 P.M. Friday

RECORDING APPOINTMENTS FOR PROBATION OFFICER TRAINING/PRACTICE

Probation Officers (POs) are required to record some client appointments for training and quality assurance purposes. These recorded appointments will be viewed only by authorized probation department staff and other evaluators for the purposes of training, evaluating, and improving performance of probation staff. Clients are not required to be recorded and clients' decision to be recorded, or not, will not be used against them in any way during the course of probation supervision. The contents of the recording will remain confidential and considered work product and will not be released to the client, attorneys, or the general public.

AUTOMATED CALLS/TEXT MESSAGES

Be advised that you may receive automated calls or text message from phone number (812) 558-9115 or (812) 349-2645 that have been generated by the Probation Department to remind you of future events related to Court or probation obligations.

CONFIDENTIALITY REQUIREMENTS

The confidentiality of client records maintained by the Probation Department is protected by state laws, rules and regulations.

Juvenile Intake & Orientation Form (20200608)

MONROE CIRCUIT COURT PROBATION DEPARTMENT JUVENILE DEMOGRAPHICS FORMS

"Be advised that you may receive automated calls or text message from phone number (812) 558-9115 or (812) 349-2645 that have been generated by Monroe Circuit Court Probation Department to remind you of future events related to court or probation."

PERSON DETAIL

Juvenile's Name: _____
(First) (Middle) (Last)

Nicknames/Alias/Other Names Used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female
OPTIONAL: Gender: Male Female Biological male identifies as FEMALE Biological female identifies as MALE
 Agender Bigender Gender Fluid Transgender Preferred Pronouns: _____

Date of Birth: _____ - _____ - _____ Ethnicity: Hispanic/Latino
(Month) (Day) (Year) Not Hispanic/ Latino

Citizenship: US Citizen (Native or naturalized) Non US Citizen

Primary Language: English Spanish Sign Language Arabic Chinese Japanese
 Korean Other Language (specify) _____

Marital Status: Single Married Separated Divorced Widowed Living together not married

Religion (optional): _____ Height: _____ Weight: _____

Hair Color: Bald Black Blonde Brown Gray Red White Other
Eye Color: Black Blue Brown Gray Green Hazel Other

Place of Birth: _____ Social Security Number: _____ -- _____ -- _____

ADDRESS/CONTACT INFORMATION

Juvenile's Current/Home/Local Address: _____
(Number / Street) (Apt/Lot) (City/State) (Zip)

Mailing Address: _____
(if different from above) (Number / Street) (Apt/Lot) (City/State) (Zip)

Permanent Address: _____
(if different from above) (Number / Street) (Apt/Lot) (City/State) (Zip)

Juvenile's Contact Numbers: _____
Cell Accept text messages? yes no Home Phone Work Phone & Extension

Email Address: _____

PHYSICAL IDENTIFIERS

Scars/Identifying Marks: Please check all that apply and provide location and a description of the identifier on the lines below.

- Birth Mark _____
- Body Piercing _____
- Scars _____
- Tattoos _____
- Miscellaneous Identifying Information _____

OTHER IDENTIFIERS

Driver's License Number _____ State issued: _____

Current Driver's License Status: Valid Suspended Expired Never Licensed Learners Permit

Vehicle Make/Model/Year: _____ Vehicle Color: _____

State ID: _____ State issued: _____ Status: Valid Expired

Resident Alien or Green Card Number: _____ Gang Affiliation: yes no If Yes, name: _____

SCHOOLS ATTENDED

Please list the name of the school(s) you most recently attended or are currently attending:

Current School: _____ Current Grade: _____

(Name of School / City and State)

Start date: _____ End date: _____ Year graduated (if applicable): _____

School Status: Attending Dropped Out Expelled Completed/Graduated
 Home Bound Home School Pursuing TASC/GED Withdrawn

Last School Grade Completed: 6th 7th 8th 9th 10th 11th 12th

High School Diploma TASC / GED when and where was it received? _____
Year / City / State

If the juvenile has earned a TASC/GED diploma, when and where was it received? _____
Year / City / State

Skyward/Harmony Login: _____ Skyward/Harmony Password: _____

Does the juvenile have an Individualized Education Plan (IEP)? No Yes

If yes, reason: Learning Behavioral

JUVENILE'S EMPLOYMENT

Employment Status: Full time Part time Not Employed Too Young for Employment

Self-Employed (explain): _____

Current Employer: _____

(Name / Business Name)

(Start Date)

(Number / Street Address)

(End Date)

(City)

(State)

(Zip)

(Average Hours per week)

Position: _____ Hourly Income or Annual Income: \$ _____

LEGAL HISTORY

Have you ever been arrested or charged with a prior offense? yes no If yes, where? _____

Have you ever been placed on probation? yes no

Do you have pending legal charges against you in any other county or state? yes no

If yes to any of the above, please list the offense(s)/charge(s), County/State, and date:

Charge(s) / Offense(s): _____

County/State _____ Date: _____

FAMILY INFORMATION

Biological Mother: _____
(First) (Middle) (Last)

Maiden Name/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Date of Birth: _____ **Social Security Number:** _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino
Citizenship: US Citizen (Native or naturalized) Non US Citizen
Marital Status: Divorced Living Together Married Separated Single Widowed

Address: _____
(Number/Street) (City) (State) (Zip)

Email address: _____

Contact Numbers: _____
(Home) (Cell) (Work# and Extension)

Employer: _____ **Employment Status:** Full Time Part Time N/A

Employer address: _____
(Number/Street) (City) (State) (Zip)

Rate of pay: \$ _____ per year / per hour (Circle one) **Start Date:** _____

Juvenile's legal guardian?: Yes No **Shared Custody:** Yes No **Physical Custody:** Yes No

Biological Father: _____
(First) (Middle) (Last)

Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Date of Birth: _____ **Social Security Number:** _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino
Citizenship: US Citizen (Native or naturalized) Non US Citizen
Marital Status: Divorced Living Together Married Separated Single Widowed

Address: _____
(Number/Street) (City) (State) (Zip)

Email address: _____

Contact Numbers: _____
(Home) (Cell) (Work# and Extension)

Employer: _____ **Employment Status:** Full Time Part Time N/A

Employer address: _____
(Number/Street) (City) (State) (Zip)

Rate of pay: \$ _____ per year / per hour (Circle one) **Start Date:** _____

Juvenile's legal guardian?: Yes No **Shared Custody:** Yes No **Physical Custody:** Yes No

Step / Live-in / Adoptive Parent / Guardian / Parent's Significant Other (Circle one):

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

Maiden Name/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino

Citizenship: US Citizen (Native or naturalized) Non US Citizen

Marital Status: Divorced Living Together Married Separated Single Widowed

Address: _____
(Number/Street) (City) (State) (Zip)

Email address: _____

Contact Numbers: _____
(Home) (Cell) (Work# and Extension)

Employer: _____ Employment Status: Full Time Part Time N/A

Employer address: _____
(Number/Street) (City) (State) (Zip)

Rate of pay: \$ _____ per year / per hour (Circle one) Juvenile's legal guardian?: Yes No

Step / Live-in / Adoptive Parent / Guardian / Parent's Significant Other (Circle one):

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

Maiden Name/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino

Citizenship: US Citizen (Native or naturalized) Non US Citizen

Marital Status: Divorced Living Together Married Separated Single Widowed

Address: _____
(Number/Street) (City) (State) (Zip)

Email address: _____

Contact Numbers: _____
(Home) (Cell) (Work# and Extension)

Employer: _____ Employment Status: Full Time Part Time N/A

Employer address: _____
(Number/Street) (City) (State) (Zip)

Rate of pay: \$ _____ per year / per hour (Circle one) Juvenile's legal guardian?: Yes No

Brothers/Sisters:

Full Name: _____ Relationship: Full Half Step
(First) (Middle) (Last)

Maiden/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino Citizenship: US Citizen (Native or naturalized) Non US Citizen

Resides in the same home as the juvenile? Yes / No (circle one) If no, Address _____

Brothers/Sisters:

Full Name: _____ Relationship: Full Half Step
(First) (Middle) (Last)

Maiden/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino Citizenship: US Citizen (Native or naturalized) Non US Citizen

Resides in the same home as the juvenile? Yes / No (circle one) If no, Address _____

Brothers/Sisters:

Full Name: _____ Relationship: Full Half Step
(First) (Middle) (Last)

Maiden/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino Citizenship: US Citizen (Native or naturalized) Non US Citizen

Resides in the same home as the juvenile? Yes / No (circle one) If no, Address _____

Brothers/Sisters:

Full Name: _____ Relationship: Full Half Step
(First) (Middle) (Last)

Maiden/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino Citizenship: US Citizen (Native or naturalized) Non US Citizen

Resides in the same home as the juvenile? Yes / No (circle one) If no, Address _____

Others living in the home (not already included in this form):

Full Name: _____ Relationship: _____
(First) (Middle) (Last)

Maiden/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino Citizenship: US Citizen (Native or naturalized) Non US Citizen

Others living in the home (not already included in this form):

Full Name: _____ Relationship: _____
(First) (Middle) (Last)

Maiden/Also Known As/Other names used: _____

Race: Caucasian / White Black / African American Multiracial Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Other (specify) _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Not Hispanic/ Latino Citizenship: US Citizen (Native or naturalized) Non US Citizen

PARENT / HOUSEHOLD FINANCIAL INFORMATION

Monthly Household Income Total (approximate): \$ _____

Other Sources of Monthly Income (check all that apply / list approximate amount of income per month):

Salary from job(s) \$ _____ Social Security \$ _____ SSI / Other Disability \$ _____
Who receives? _____ Who receives? _____

Section 8 Housing \$ _____ Title 20 Child Care \$ _____ TANF \$ _____ Food Stamps \$ _____

WIC Vouchers \$ _____ Child Support \$ _____ Retirement / Pension \$ _____

Other (specify type & amount) \$ _____

Estimate the total amount of your average monthly living expenses: _____

MEDICAL, PHYSICAL, AND EMOTIONAL HEALTH

Family Doctor: _____

Are you taking any prescription or over-the-counter medications at this time? yes no

If yes, please list names of medications and reason: _____

Please list history of serious medical problems and/or any current medical problems/conditions: _____

Do you have medical insurance? yes no Insurance Provider?: _____ Policy # _____

Have you ever had contact with or received services from a counseling or mental health agency? yes no

If yes, please list the agency(s), location, and date: _____

Have you ever experienced any of the following?

Allergies (severe)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	<input type="checkbox"/> Yes / must carry EpiPen
Alcoholism	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	<input type="checkbox"/> Yes / in recovery
Anger problems / Anger outbursts	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Anxiety (severe/panic attacks)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Asthma	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Autism	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Cancer	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Chronic Pain	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Depression (lasting more than two weeks)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Fatigue for long periods	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Feelings of hopelessness	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Financial loss due to gambling	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Seizures	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Sleep disturbance	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Substance abuse or addiction	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	<input type="checkbox"/> Yes / in recovery
Suicidal thoughts	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Suicide attempts	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Temper problems	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Tendency toward violence	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Thoughts of homicide	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Weight changes (unplanned)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	
Unconscious from blow to head and/or concussion	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unsure	<input type="checkbox"/> Traumatic Brain Injury (diagnosed)

SUBSTANCE USE INFORMATION

Have you ever tasted or used alcohol? no yes If yes, age when first used alcohol (approximate)_____

Have you ever used illegal drugs? no yes If yes, age when first used illegal drugs (approximate)_____

If yes, please list illegal drugs used _____

➤ IF YOU HAVE NEVER USED ALCOHOL OR ILLEGAL DRUGS, GO END OF PAGE & SIGN FORM.

Has anyone told you they think you should cut down or stop drinking or using drugs? yes no

Do you believe you are in need of treatment for alcohol or substance use or any other type of addictive behavior?
 yes no unsure

Have you experienced any of the following from your alcohol or substance use? (check all that apply)

<input type="checkbox"/> Hangovers	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Passing out	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Personality changes
<input type="checkbox"/> Shakes / Tremors	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Delirium Tremens DTs
<input type="checkbox"/> Increased tolerance to alcohol	<input type="checkbox"/> Loss of control over your use	<input type="checkbox"/> Attempts at abstinence
<input type="checkbox"/> Preoccupation with using alcohol/drugs	<input type="checkbox"/> Overdose	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Family history of addiction		

Have you experienced problems/issues with any of the following due to your substance use? (check all that apply)

Sleep Employment/School Relationships Financial

Form Completed By: _____ Date: _____

Form Reviewed By: _____ Date: _____