



Stepfather: \_\_\_\_\_ Phone (home/cell): \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Minor's Version of the Offense (Describe in your words what happened): **(Youth)**  
(Continue on back if necessary)

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How do you feel about the offense that placed you on Court Supervision/Probation? **(Youth)**

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## **LEGAL HISTORY**

Criminal History/Police Contacts: **(Parent/Guardian & Youth)**

<u>Offense</u>	<u>Police Department</u>	<u>What was the outcome?</u>
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How old were you when you had your first police contact? **(Parent/Guardian & Youth)**

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Have you ever had a warrant issued for failure to appear in court? **(Parent/Guardian & Youth)**

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List all Prior Probation/Court Supervision/Diversion Cases: **(Parent/Guardian & Youth)**

<u>Year</u>	<u>County</u>	<u>Offense</u>	<u>Probation Officer</u>	<u>Were Violations Ever Filed?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been incarcerated (Jail, Prison, Juvenile Facility)? **(Parent/Guardian & Youth)**

\_\_\_\_\_

### **FAMILY INFORMATION**

Siblings/Other Individuals Living in Household: **(Parent/Guardian & Youth)**

<u>First</u>	<u>Last</u>	<u>Middle Initial</u>	<u>DOB</u>	<u>Employment/School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If necessary, attach sheet)

### **Significant Adults**

Are there any family members that you feel closest to? If so, who? **(Youth)**

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

Are there any neighbors or members of the community who you feel close to? If so, who? **(Youth)**

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

Are there any staff/teachers/coaches at school who you like or feel comfortable with? If so, who? **(Youth)**

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

Parental Marital History: **(Parent/Guardian)** \_\_\_\_\_

List all family criminal history (past or present), mental illness and physical problems:  
**(Parent/Guardian)**

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Is there a history of alcoholism or substance abuse in your family? If yes, explain.  
**(Parent/Guardian)**

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Are there any firearms/weapons in your home? **(Parent/Guardian)** \_\_\_\_\_

If so, are they locked in a secure place? \_\_\_\_\_

Have you ever run away from home? If so, how many times and why? **(Parent/Guardian & Youth)**

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Have you ever been kicked out of your house? If so, how many times and why?  
**(Parent/Guardian & Youth)**

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Have you or your family been involved with DCFS? If yes, when & what for? Was it  
founded or unfounded? **(Parent/Guardian)**

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Has there been a court finding of child neglect? **(Parent/Guardian)** \_\_\_\_\_

What are some examples of consequences or rewards given in the home?

**(Parent/Guardian & Youth)**

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What are the rules in your home? **(Parent/Guardian & Youth)**

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Does the minor comply with the household rules? **(Parent/Guardian & Youth)**

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What are the minor's responsibilities in the home? **(Parent/Guardian & Youth)**

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How much time do you spend with your parents/guardians? **(Parent/Guardian & Youth)**

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How do your parents feel about you getting into trouble? **(Parent/Guardian)**

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What do they think about how the police, courts, school handled your case?

**(Parent/Guardian)**

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What do they think about the court, laws, & society rules? **(Parent/Guardian)**

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How well do you get along with your parents? **(Youth)** \_\_\_\_\_

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How do your parents try to help you out? Support you? **(Youth)** \_\_\_\_\_

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How do they let you know that they care about you? **(Youth)** \_\_\_\_\_

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Can you describe how your parents express their feelings for you? **(Youth)** \_\_\_\_\_

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Tell me about how your family expresses disagreements. **(Youth)** \_\_\_\_\_

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Do they call each other names, threaten each other, throw things, hit or in any other way try to harm each other? **(Youth)** \_\_\_\_\_

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Have the police ever been to your house because of fighting? If yes, explain. **(Youth)**

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How safe do you feel in your home? **(Youth)** \_\_\_\_\_

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**SCHOOL INFORMATION**

Name of School: **(Parent/Guardian & Youth)** \_\_\_\_\_

What grade are you in: **(Parent/Guardian & Youth)** \_\_\_\_\_

On average what types of grades do you receive? **(Parent/Guardian & Youth)** \_\_\_\_\_

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Have your grades improved, gotten worse or stayed the same over the past year?  
**(Parent/Guardian & Youth)**

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List any disciplinary problems for the current school year: **(Parent/Guardian & Youth)**

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In the last 2 years how many out of school suspensions have you had? What were they  
for? **(Parent/Guardian & Youth)** \_\_\_\_\_

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In the last 2 years how many in school suspensions have you had? What were they for?  
**(Parent/Guardian & Youth)**

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Do you have any unexcused absences? (Include both full days and half days)

(Parent/Guardian & Youth)

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If yes, how often? \_\_\_\_\_

If you skip school, why do you skip? (Youth) \_\_\_\_\_

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Are you involved with truancy? If so, who is your truancy officer? (Parent/Guardian & Youth)

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Are you a drop out? (Parent/Guardian & Youth) \_\_\_\_\_

If yes, when did you drop out and why? (Parent/Guardian & Youth) \_\_\_\_\_

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Do you feel receiving an education is beneficial to you? (Youth) \_\_\_\_\_

Do you feel your school is supportive/encouraging of you? (Youth) \_\_\_\_\_

Are you in special education, learning disability or behavioral disorder classes?

(Parent/Guardian & Youth)

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If yes, since what age? (Parent/Guardian & Youth) \_\_\_\_\_

Do you have an IEP? (Parent/Guardian & Youth) \_\_\_\_\_

Are you enrolled in GED classes? Where? (Parent/Guardian & Youth) \_\_\_\_\_

Do you currently participate in any sports or clubs? (Youth) \_\_\_\_\_

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Do you have an interest in any school activities? If so, please list? (Youth) \_\_\_\_\_

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**COMMUNITY AND PEERS**

List your closest friends: (Youth) \_\_\_\_\_

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How long have you been friends? (Youth) \_\_\_\_\_

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Per week, how often do you spend time with your friends? (Youth) \_\_\_\_\_

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Do you hang out with a certain group of friends? (Youth) \_\_\_\_\_

How would you describe them? (Youth) \_\_\_\_\_

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Are they enrolled in school or ever been in trouble with the law? (Youth) \_\_\_\_\_

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Do your parents like your friends? (Parent/Guardian) \_\_\_\_\_

Why or why not? \_\_\_\_\_

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Are you in a gang? If yes, which one? (Youth) \_\_\_\_\_

If yes, how long have you been involved in the gang? (Youth) \_\_\_\_\_

Do you have any friends who are in gangs? (Youth) \_\_\_\_\_

Are you involved in any community activities (youth group/clubs/organizations)? (Youth)

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**ALCOHOL AND DRUGS**

Drug and Alcohol Use: (Youth)

<u>Ever Used</u>	<u>Age at First Use</u>	<u>How Often</u>	<u>Last Used</u>
<input type="checkbox"/> Alcohol	_____	_____	_____
<input type="checkbox"/> Marijuana	_____	_____	_____
<input type="checkbox"/> Cocaine	_____	_____	_____
<input type="checkbox"/> Ecstasy or other Club Drug	_____	_____	_____
<input type="checkbox"/> Inhalants/Huffing	_____	_____	_____
<input type="checkbox"/> Heroin	_____	_____	_____
<input type="checkbox"/> Prescription Drug Misuse	_____	_____	_____
<input type="checkbox"/> Abuse of Over the Counter Medications	_____	_____	_____

Were you under the influence of drugs or alcohol at the time of the present offense? If so, what? (Youth) \_\_\_\_\_  
\_\_\_\_\_

Within the past year, has your family ever complained about your alcohol or drug use? (Youth) \_\_\_\_\_

Within the past year have you had problems at work or school because of drugs and alcohol? (Youth) \_\_\_\_\_  
\_\_\_\_\_

Do your friends use alcohol and/or drugs? (Youth) \_\_\_\_\_

Have you received treatment for alcohol and/or drugs? (Youth) \_\_\_\_\_

If so, when and where? (Parent/Guardian & Youth) \_\_\_\_\_  
\_\_\_\_\_

**HEALTH/MENTAL HEALTH**

How would you describe your current health? (Parent/Guardian & Youth)  
Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

List current health problems: (Parent/Guardian & Youth) \_\_\_\_\_  
\_\_\_\_\_

Are you taking any medications? If so, what are they? **(Parent/Guardian & Youth)**

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Do you now or have you in the past had any suicidal/homicidal thoughts? **(Youth)**

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Have you been diagnosed with any mental health disorders? What are they? **(Parent/Guardian & Youth)** \_\_\_\_\_

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Have you ever been hospitalized for psychiatric treatment? If yes, when, where and why? **(Parent/Guardian & Youth)** \_\_\_\_\_

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Are you a victim of physical or sexual abuse? **(Youth)** \_\_\_\_\_

Have you ever been involved in counseling? **(Parent/Guardian & Youth)** \_\_\_\_\_

If yes, what got you involved in counseling? **(Parent/Guardian & Youth)** \_\_\_\_\_

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What agency did you attend? **(Parent/Guardian & Youth)** \_\_\_\_\_

What would you do if another kid got in your way? Pushed you? Punched you? **(Youth)**

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Have you ever gotten really mad? **(Youth)** \_\_\_\_\_

Gotten into a fight? How did it happen? **(Youth)** \_\_\_\_\_

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Have you ever wanted to destroy property, hurt some animal, or set fire to something because you were angry or in a bad mood? **(Youth)** \_\_\_\_\_

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Have you ever done it? (Youth) \_\_\_\_\_

**ATTITUDE/SKILLS**

Regarding the offense that resulted in you being placed on this form of supervision, what choices did you have in doing this behavior? (Youth) \_\_\_\_\_

\_\_\_\_\_

Did someone else make you do it? (Youth) \_\_\_\_\_

Who do you think is to blame? (Youth) \_\_\_\_\_

Would you like to do something to make a bad situation right again with the victim? (Youth)

\_\_\_\_\_

How important would this be to you? (Youth) \_\_\_\_\_

Would you feel better about the situation if you were able to make "it right"? (Youth)

\_\_\_\_\_

When thinking about the future, what matters most to you? (Youth) \_\_\_\_\_

\_\_\_\_\_

Do you feel that your opinion is usually right in most situations? (Youth) \_\_\_\_\_

\_\_\_\_\_

Do you think that everyone has a right to have an opinion? (Youth) \_\_\_\_\_

Do you dislike people who you don't agree with? (Youth) \_\_\_\_\_

\_\_\_\_\_

What sorts of situations tend to get you into trouble? (Youth) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will happen once you start to get into that situation? (Youth) \_\_\_\_\_

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What do you do when you identify a trigger problem behavior? (Youth) \_\_\_\_\_

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Are there any techniques that you usually apply to get you away from trouble? (Youth)

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Thinking about things you do that get you into trouble, how much control do you have over what will happen next? (Youth) \_\_\_\_\_

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Do you believe you have the control to stop a problem from happening? (Youth) \_\_\_\_\_

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What are your future goals (Educational, Employment, Other): (Youth)

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**EMPLOYMENT**

Are you employed, if yes, where and how long? (Youth) \_\_\_\_\_

\_\_\_\_\_

List Past Employment                      How Long Were You Employed                      Reason for Leaving

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**USE OF FREE TIME**

Have your free-time activities changed over the past year? (Youth) \_\_\_\_\_

How do you fill your time now? (Youth) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your peer group changed the way you occupy your time? (Youth) \_\_\_\_\_

\_\_\_\_\_

Have you found that using alcohol or drugs has changed the way you spend time? (Youth)

\_\_\_\_\_

\_\_\_\_\_