

JUVENILE CASE INFORMATION

NAME _____ **DOB** _____

HOME ADDRESS:

TELEPHONE #'S:

MEMBERS OF HOUSEHOLD; PARENTS MARITAL STATUS/CONTACT WITH PARENT:

PENDING CASES/PRIOR JUVENILE COURT CONTACT/SOCIAL WORKER:

SCHOOL INFO/SPECIAL ED/TRUANCY ISSUES:

HEALTH CONDITION/MEDS:

AODA ISSUES:

MENTAL HEALTH/DISABILITY ISSUES:

SPECIAL NOTES/EXTRACURRICULARS/OTHER BACKGROUND INFO: