

<b>Client:</b>	Date Opened:	Next Ct. Date:
----------------	--------------	----------------

DOB:	Age:	Nickname:	
Address:		Apt:	Tel. #
City:	Zip:	Cell #	Other#
Who does client live with?		Place of Birth:	
Sex: <b>F M</b>	Race:	Ethnicity:	Languages:

<b>Arrest Info:</b>	Bail:	Held @ Arraignment <b>Y N</b>	Bail Appeal Filed <b>Y N</b>
Arr. Judge:	Co-D(s):		Co-Counsel:
Conditions of Release:		Release of Info. Signed: <b>Y N</b>	Probation Officer:
Held at Police Station? <b>Y N</b>		Afforded Bail at Police Station? <b>Y N</b>	Is parent/guardian @ court today? <b>Y N</b>

Docket #	Charge	Alleged Victim	Date of Offense	Date of Arrest

Eligible for YO Prosecution: <b>Y N</b>	Pros. Intend to indict: <b>Y N</b>	YO certified atty. notified: <b>Y N</b>
-----------------------------------------	------------------------------------	-----------------------------------------

<b>Felony Charge:</b>	Notice of suspension/expulsion?: <b>Y N</b>	Informed client of suspension/expulsion: <b>Y N</b>
-----------------------	---------------------------------------------	-----------------------------------------------------

<b>Client Record</b>	Does Client have a record <b>Y N</b>	Record obtained? <b>Y N</b>	
Is Client on Probation? <b>Y N</b>	Probation Officer:	Court:	
Committed to DYS? <b>Y N</b>	DYS Caseworker:	Placement:	
Current CHINS Petition? <b>Y N</b>	CHINS Atty: Probation Officer:	DSS Referral? <b>Y N</b>	Prior CHINS? <b>Y N</b>
Prior Court Clinic Referral? <b>Y N</b>	If Yes, what Court(s)?	Date(s) of Court Clinic Referral:	Clinician:

<b>Pending Cases:</b>			
Court:	Charge(s):	Atty:	Next Date:
Court:	Charge(s):	Atty:	Next Date:

<b>Notes:</b>	

Family Information:		
Mother's Name:	Home Phone:	
Address:	Cell Phone:	
Mother's Employment:	Work Phone:	
Father's Name:	Home Phone:	
Address:	Cell Phone:	
Father's Employment:	Work Phone:	
Siblings:		
Who Lives @ Home:	Client's Children:	
How Long @ Address:	How long in area?	
Prior Address(es):	Other family in area?	

Educational Info:			
Current/ Most Recent School:			
Grade:	Currently Enrolled? <b>Y N</b>	If <b>N</b> , what doing?	
Previous Schools:	Special Ed. <b>Y N</b>	SPED in past? <b>Y N</b>	
Grades:	Attendance:	Tardiness:	
People to contact at school?			
Suspended/Expelled? <b>Y N</b>	If Yes, when?		How Long?
School disciplinary hearing pending? <b>Y N</b>	If Yes, for what?		When?
Best Subjects?	Extracurricular activities?		
<b>Notes:</b>			

Employment/Volunteer/Community		
Client currently employed? <b>Y N</b>	Where?	How long?
Person to contact @ work?		
Past employment? <b>Y N</b>	Where?	How long?
Volunteer work? <b>Y N</b>	Where/when?	Contact #
<b>Notes:</b>		

Other Client Info.		
Unusual feature/marks:	Height:	Weight:
Clothing @ arraignment/arrest:		
Citizenship: U.S. Other:	My Space/Facebook Page?	
Permanent Resident (Green Card holder) : <b>Y N</b>		
Visa or other status:		
DSS Involvement? <b>CHINS C&amp;P</b>	Social Worker:	Contact #
	Supervisor	
Attorney:	Contact #	

**Notes:**

**Community Activities/Agency Involvement**

Name Program/Agency:	Purpose:	Contact #

**Mental Health Services Information**

Currently receive counseling? <b>Y N</b> If yes, name:	Contact #
Counseling in the past? <b>Y N</b> If yes, name:	Contact #
History of trauma? <b>Y N</b> If yes, explain:	
Psych. hospitalizations? <b>Y N</b> If yes, where/when:	
Current/past psych. medication? <b>Y N</b> If yes, what? purpose?	
Prescribing Dr:	Contact #
Psych. testing/evaluations? <b>Y N</b> If yes, when:	Contact #

**Notes:**

**Medical Info.** Where receive medical care? Insurance? **Y N** Type?

Where receive dental care?	Insurance? <b>Y N</b> Type?
Primary Care Physician:	Contact #
Primary Dentist:	Contact #
Health conditions/problems? <b>Y N</b> If yes, what?	
Current or past medication? <b>Y N</b> If yes, what? purpose?	Who prescribes?
Injuries or hospitalizations? <b>Y N</b> If yes, explain:	
Substance abuse concerns? <b>Y N</b> If yes, explain:	
Name(s) of health care provider(s):	

**Notes:**

**Notes**