



Juvenile Probation Intake Packet

This form is to be completed by the PARENT/GUARDIAN. It is important that the ALL sections are completed as ACCURATELY as possible. Please fill out, print and bring this form to your child's scheduled appointment **or** you can email the completed form to juvintake@eriecountypa.gov All information provided will be kept confidential and will help Erie County Juvenile Probation process the case in a timely fashion.

JUVENILE INFORMATION

Today's Date: _____

Juvenile's Name: _____ D.O.B.: _____
(Last) (First) (Middle) (Suffix)

Address: _____
(Street and Apt. #) (City) (State) (Zip Code) (Township)

When did you move there (Date): _____ Is this Public Housing? ☐ Yes ☐ No

Email: _____ US Citizen ☐ Yes ☐ No

Phone Home: _____ Erie County Resident? ☐ Yes ☐ No
Cell: _____ Interpreter Needed? ☐ Yes ☐ No

Juvenile's Social Security Number: _____ Language Spoken: _____

Juvenile's Alias or Nickname: _____

Is OCY Involved? ☐ Yes ☐ No Current Caseworker: _____

Current Judge Involved: _____

JUVENILE PHYSICAL DESCRIPTION

Gender: Male ☐ Female ☐
Gender you identify as: Male ☐ Female ☐ Other _____

Height: _____

Eye Color: _____

Weight: _____

Hair Color: _____

Body Build:

Large Frame ☐

Muscular ☐

Large Muscular Frame ☐

Small Frame ☐

Medium Frame ☐

Small Muscular Frame ☐

Medium Muscular Frame ☐

Complexion:

Acne ☐

Medium ☐

Severe Acne ☐

Black ☐

Olive ☐

Swarthy ☐

Dark ☐

Pale ☐

Tanned ☐

Fair skin ☐

Pock-Marked ☐

Light Skin ☐

Ruddy ☐

Race:

☐ Alaska Native or American Indian

☐ Asian

☐ Black

☐ Native Hawaiian or Pacific Islander

☐ Unknown

☐ White

National Origin:

☐ Anglo

☐ African American

☐ Iraqi

☐ Spanish

☐ Central American

☐ Taiwanese

☐ Middle Eastern

☐ Chinese

☐ Southeast Asian

☐ Italian

☐ French

☐ Russian

☐ Polish

☐ Hispanic

☐ Unknown

Scars/Tattoos/Identifying Marks/Piercings?

☐ Yes

☐ No (If YES, describe & list location)

JUVENILE PHYSICAL HEALTH HISTORY

Physical Health Issues – Past & Present: _____ Date: _____

_____ Date: _____

Medications & Reason Taken: _____

Prescribing Doctor: _____

Drug & Alcohol Use: _____

Does the juvenile have a Medical Marijuana Card? ____No ____Yes Date obtained: _____

JUVENILE'S MENTAL HEALTH HISTORY

Diagnosis: _____ Date of Diagnosis: _____

Diagnosing Psychologist or Psychiatrist: _____

Diagnosis: _____ Date of Diagnosis: _____

Diagnosing Psychologist or Psychiatrist: _____

Medications: _____

In-Patient Hospitalizations: _____ Date: _____

Past Agency Involvement: _____ Date: _____

Current Mental Health Services & Agency: _____

FAMILY DOCTOR

Doctor or Facility Name: _____

Care Provided: Medical ☐ Prescription ☐ Vision ☐

Address: _____

(Street and Apt. #)

(City) (State) (Zip Code)

Phone: _____

Fax: _____

DENTIST

Doctor or Facility Name: _____

Address: _____

(Street and Apt. #)

(City) (State) (Zip Code)

Phone: _____

Fax: _____

JUVENILE'S EMPLOYMENT

Employed:

☐

Yes

☐

No

Employer: _____

FINANCIAL AND FAMILY INFORMATION

HOUSEHOLD INCOME INFORMATION

Under \$10,000 per year

☐

Over \$50,000

☐

Over \$10,000 and under \$15,000

☐

Monthly Social Security Income:

Over \$15,000 and under \$20,000

☐

Monthly Welfare Income:

Over \$20,000 and under \$30,000

☐

Current Number in Family:

Over \$30,000 and under \$50,000

☐

STRUCTURE INFORMATION (FAMILY STATUS)

Biological Parent Status

Check all that apply

Married

☐

Year

Divorced

☐

Separated

☐

One Parent Deceased

☐

Both Parents Deceased

☐

Parents Never Married

☐

Court Ordered Custody

☐

Other

☐

Juvenile's Current Living Situation

Both Biological Parents

☐

Biological Mother

☐

Biological Father

☐

Relative

☐

Father & Step Mother

☐

Mother & Step Father

☐

Shared Custody Arrangement

☐

Adoptive Parent(s)

☐

Other

☐

Please Explain:

Are there any pets in the home?

☐

YES

☐

No

If Yes, Describe: _____

Are there any weapons in the home?

☐

Yes

☐

No

*If Yes:

What kind? _____

Where are they located? _____

Are they secured? _____

JUVENILE'S INSURANCE INFORMATION

PRIMARY INSURANCE

Company: _____

Insurance Type (Check All That Apply)

☐

Dental

☐

Medical

☐

Prescription

☐

Vision

Policy Number: _____

Insurance Number: _____

Group Number: _____

Responsible Party: _____

SECONDARY INSURANCE

Company: _____

Insurance Type (Check All That Apply)

☐

Dental

☐

Medical

☐

Prescription

☐

Vision

Policy Number: _____

Insurance Number: _____

Group Number: _____

Responsible Party: _____

PARENT OR GUARDIAN INFORMATION

Please check one: ☐ Biological Father ☐ Adoptive Father

Name: _____ D.O.B.: _____
(Last) (First) (Middle) (Suffix)

Social Security Number: _____ - _____ - _____ Language(s) Spoken: _____

Address: _____
(Street and Apt. #) (City) (State) (Zip Code) (Township)

Date Moved There: _____

Phone Contact

Email: _____

Home: _____

Employer: _____

Cell: _____

Occupation: _____

Work: _____

List All Others Living in this Home:

Name	DOB	Relationship to Client
------	-----	------------------------

Are any, or have any of these people been involved with Adult or Juvenile Probation?

☐ Yes ☐ No

If YES, what is Probation Officer's Name? _____

Please check one: ☐ Biological Mother ☐ Adoptive Mother

Name: _____

Maiden Name: _____

(Last)

(First)

(Middle)

(Suffix)

Social Security Number: _____ - _____ - _____

Language(s) Spoken: _____

D.O.B.: _____

Address: _____

(Street and Apt. #)

(City)

(State)

(Zip Code)

(Township)

Date Moved There: _____

Phone Contact

Email: _____

Home: _____

Employer: _____

Cell: _____

Occupation: _____

Work: _____

List all Others Living in this Home:

Name

DOB

Relationship to Client

Are any, or have any of these people been involved with Adult or Juvenile Probation?

☐ Yes ☐ No

If YES, what is Probation Officer's Name? _____

Significant Others

<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Parent's Paramour
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Relative	<input type="checkbox"/> Other (Explain)

Name: _____ D.O.B.: _____
(Last) (First) (Middle) (Suffix)

Social Security Number: _____ - _____ - _____ Language(s) Spoken: _____

Address: _____
(Street and Apt. #) (City) (State) (Zip Code) (Township)

Date Moved There: _____

Phone Contact

Home: _____

Email: _____

Cell: _____

Employer: _____

Work: _____

Occupation: _____

List All Others Living in this Home:

Name	DOB	Relationship to Client
------	-----	------------------------

JUVENILE'S SCHOOL INFORMATION

Current Status: ☐ In School ☐ Out of School ☐ Classes Regular/Special

Home School: _____ Current School As of Today: _____

Vo-Tech: ☐ Yes ☐ No

Date Started at Current School: _____ Ending Date: _____

Starting Grade at Current School: _____ Current Grade Level: _____ GPA: _____

If Out of School:

Last School Attended: _____

Last Day and Year Attended: _____ Final Grade Completed: _____

Comments (i.e. discipline problems grades, attendance, or tardy issues, etc.):

Does Juvenile have a Driver's License? ☐ Yes ☐ No

If yes, issuing State & License Number: _____ Date Issued: _____

Learner's Permit Number: _____

****This Page for Probation Office Use Only****

CASE NOTES

1) Previous Handlings (i.e., DJ Incident Reports, Diversion)

2) Other Agency Involvement – or – Legal Involvement
(i.e., OCY/District Judges/Counselors, etc.)

3) Significant Others (i.e., associates, peers, relatives, etc.)

4) Explanation of Offense, Admit or Deny

Offense #____(Admit/Deny) Explanation:

Offense #____ (Admit/Deny) Explanation:

Offense #____(Admit/Deny) Explanation:

5) Restitution:

6) Victim Impact Statement: ☐ Yes ☐ No

JP #_____

Photo #_____

Assigned PO:_____

Recommendation: _____

Releases: _____

Photo Taken

☐

Yes

☐

No

Urine Sample Collected

☐

Yes

☐

No

Change of Address Form

☐

Yes

☐

No

Individuals Present at Intake: _____

DOCUMENT VERIFICATION

Birth Certificate:

☐

Yes

☐

No

Comment(s): _____

Social Security Card:

☐

Yes

☐

No

Comment(s): _____

Medical Card:

☐

Yes

☐

No

Comment(s): _____

Citizenship/Naturalization:

☐

Yes

☐

No

Comment(s): _____