

INTAKE/INFORMAL ADJUSTMENT CONFERENCE FACE SHEET

Date: _____

Juvenile Name: _____
First Middle Last (Nicknames, if any)

Juvenile Address: _____
Street Address City State Zip

Telephone Cell Phone Email Address

Demographics: _____
Date of Birth Social Security # Medicaid number Or insurance company and policy number

Personal Physician Address Phone #

Sex Race Height Weight Hair Color Eye Color Scars/Marks/Tattoos

School: _____ Employment: _____
Name of School Grade Place of Employment Phone #

QUESTIONS REGARDING JUVENILE

☐ Yes ☐ No **Has the Juvenile met with a Juvenile Officer before? Current Formal or Informal Supervision?(Circle One if applies) DJO Assigned :**

If so, where? _____

☐ Yes ☐ No **Has the Juvenile ever been placed outside the parental home?**

If so, where? _____

☐ Yes ☐ No **Does the Juvenile have a history of mental health services (who is service provider)?**

Please describe _____

☐ Yes ☐ No **Does the Juvenile have a history of substance abuse?**

Please describe _____

☐ Yes ☐ No **Does the Juvenile have a learning disability or disorder, IEP, or 504 Plan?**

Please describe _____

☐ Yes ☐ No **Does the juvenile or family receive any public or state assistance?**

Please describe _____

☐ Yes ☐ No **Does the Juvenile have any allergies, health concerns, handicaps, or prescribed medications (include meds, dosage and prescribing doctor)?**

Please describe _____

☐ Yes ☐ No **Does the family have a history of child abuse and/or neglect (including Orders of Protection)?**

Please describe _____

Mother: _____
First Name Middle Name Last Name DOB Social Security #

Street Address (if different from juvenile) City State Zip

Telephone Cell Phone Email Address

Place of Employment Work Phone # **Marital Status:** Married / Divorced / Single / Widow

Email Address: _____ *Gross monthly income amount:* _____

Father: _____
First Name Middle Name Last Name DOB Social Security #

Street Address (if different from juvenile) City State Zip

Telephone Cell Phone Email Address

Place of Employment Work Phone # **Marital Status:** Married / Divorced / Single / Widow

Email Address: _____ *Gross monthly income amount:* _____

Legal Custody: Mother / Father / Joint / Other _____ **Physical Custody:** Mother / Father / Joint / Other _____

Significant adults residing in the home: _____
Full Name Relationship (stepparent, paramour, relative, other)

Sibling(s):

Full Name	Age	Reside In/Out of Home	Past/Present JO Supervision

By signing below I confirm that the information provided on this form is accurate and completed to the best of my knowledge.

Parent Signature

Date

OFFICE USE ONLY: attach JDTA form for all detentions