

15th JDC Juvenile Specialty Court

Initial Screening

Referral Date: _____

Client: _____

Date: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Phone: _____

Email Address: _____

ADMISSION DATA: Clients Information

DOB: _____ Age: _____ SS# _____

Race: _____ Ethnicity: _____ M/F: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Cell Phone: _____ City/State of Birth: _____

OFFENSE INFORMATION:

Referral Source: _____

Original Charge(s): _____ Case #: _____

Arrest Date: _____ Arresting Agency: _____

Prior Charges or Arrests: _____

Current or Previous Probation: Yes No

P.O.: _____ Sentencing Judge: _____

EDUCATION DATA:

Current School: _____ Last Grade Completed: _____

Current School Status: _____

Previous Individualized Education Plan (IEP): _____

Expulsions/Suspensions/Grades: _____

Currently Employed **Y/N** If yes, where? _____

TREATMENT HISTORY:

Family Physician: _____

Limitations/Handicaps/Allergies: _____

Previous Treatment (Mental Health/Substance Abuse/Psychological): _____

When: _____ Where/DR: _____ Reason: _____

When: _____ Where/DR: _____ Reason: _____

Previous Diagnosis: _____

Family History of Substance Abuse: _____

Family History of Mental Health Diagnoses: _____

Medication	Doctor	Compliant

PARENT INFORMATION:

Who does the child reside with? _____

Estimated annual household income: _____

Mother's name: _____

DOB: _____ SS#: _____ Marital Status: _____

Race: _____ Ethnicity: _____

Highest Education Completed: _____ Occupation: _____

Ever been convicted of a crime (If yes, list year and offense): _____

Father's Name: _____

DOB: _____ SS#: _____ Marital Status: _____

Race: _____ Ethnicity: _____

Highest Education Completed: _____ Occupation: _____

Ever been convicted of a crime (If yes, list year and offense): _____

HOUSEHOLD INFORMATION:

People living in the home (Age and relation to client): _____

Are you receiving any other public/social services? _____

Will your child have reliable transportation to Specialty Court functions? _____

Is the family or juvenile active in any church, clubs, or sports? _____

Are there any convicted felons living in the home OR anyone on probation/parole? **Y/N**

If yes, who? _____

DRUG USAGE: (To be completed with client ONLY)

Reported Drug of Choice: 1. _____ 2. _____

Drug	First Use	Frequency	Last Use
Alcohol			
Marijuana			
Benzodiazepines (Xanax/Valium/ Rohypnol)			
Opiates (Lortab/Vicodin/Oxycodone)			
MDMA (Ecstasy)			
Cocaine			
Amphetamines (Ritalin/Adderall/ vyvanse)			
Soma			
Other (LSD/Mushrooms/Spice)			

Habits: Tobacco: _____ Exercise: _____ Sports: _____ Hobbies: _____

Client's definition of his/her problem (Why are you here and what events in your life led up to this moment?): _____

Positive or Negative Influences in your life:

Family	Live Close By?
Friends	Live Close By?
Church	Attend Regularly?
Clubs	
Other	
Work	How many hours?
School	Attend Regularly?

