15th JDC Juvenile Specialty Court

Initial Screening

				Referral Date:	
Client:			_ D	ate:	
Parent/Guardian:					
Address:			Pho	ne:	
			Pho	ne:	
Email Address:					
ADMISSION DAT	A: Clients In	forma	tion		
DOB:	A _{&}	ge:	SSi	‡	
Race:	Ethnicit	y:		M/F:	
Height:	Weight:		Hair Color:	Eye Color:	
Cell Phone:			City/State o	of Birth:	
OFFENSE INFORM					
Referral Source:					
Original Charge(s):_				Case #:	
Arrest Date:			Arresting Ager	ncy:	
Prior Charges or Arr	ests:				
Current or Previous	Probation:	Yes	No		
P.O.:		Senten	cing Judge:		

EDUCATION DATA:

Current School:	Last Grade	Completed:
Current School Status:		
Previous Individualized Education	on Plan (IEP):	
	:	
Currently Employed Y/N If yes,	where?	
TREATMENT HISTORY:		
Family Physician:		
Limitations/Handicaps/Allergies	:	
Previous Treatment (Mental Healt	:h/Substance Abuse/Psychological):	
When: Where/DR:_	Reason:_	
When: Where/DR:_	Reason:_	
Previous Diagnosis:		
Family History of Substance Abu	use:	
Family History of Mental Health	Diagnoses:	
Medication	Doctor	Compliant

PARENT INFORMATION:

Who does the child reside	e with?		
Estimated annual househ	old income:		
Mother's name:			
DOB:	SS#:		Marital Status:
Race:	Eth	nicity:	
Highest Education Compl	eted:	Occupation:	
Ever been convicted of a	crime (If yes, list year	and offense):	
Father's Name:			
DOB:	_SS#:		Marital Status:
Race:	Ethni	city:	
Highest Education Compl	eted:	Occupation:	
Ever been convicted of a	crime(If yes, list year	and offense):	
HOUSEHOLD INFORM	IATION:		
People living in the home	(Age and relation to cl	ient):	
Are you receiving any oth	er public/social ser	vices?	
Will your child have reliab	ole transportation t	o Specialty Court functi	ons?
Is the family or juvenile a	ctive in any church,	clubs, or sports?	
Are there any convicted f	elons living in the h		bation/parole? Y/N
If yes, who?			

BACKGROUND INFORMATION:

Any previous drug usage in the immediate or extended family? If yes, please list relation to child and if they are currently using (dugs/alcohol) or if they are in recovery.
Has any parent or family member received substance abuse treatment in the past?
Any incarcerated parents or family members? If yes, please state name and relation to child.
Do you have family, other than those you live with, that live in this area? List name and relation to child of any that are close to the family.
Do you feel your child has a problem with drugs or alcohol?
Do you feel your child would benefit from the Specialty Court Program?Additional Comments or Information you feel this Specialty Court may need:

DRUG USAGE: (To be completed with client ONLY)

Other Work

School

Reported Drug of Choice: 1.	2	

•	•			
	Drug	First Use	Frequency	Last Use
Alcohol				
Marijuar	na			
Benzodia	zoninos			
	um/ Rohypnol)			
Opiates				
(Lortab/Vic	odin/Oxycodone)			
MDMA				
(Ecstasy))			
Cocaine				
Ampheta	amines			
(Ritalin/Add	derall/ vyvanse)			
Soma				
Other				
(LSD/Mush	rooms/Spice)			
Habits: T	obacco:	Exercise:	Sports:	Hobbies:
	_			
Client's o	definition of his/h	ner problem (Why are	e you here and what ϵ	events in your life led up to
this mon	nent?):			
Positiva	or Negative Influ	ences in your life:		
OSILIVE	or regative illiu	checs in your me.		
Family			Live C	lose By?
Friends				lose By?
Church			Attend Regi	
Clubs				,

How many hours?
Attend Regularly?

Any other information th	at you would	d like to share	e can be writ	ten below. Pl	ease sign at the en
Sampleted b					
Completed by:					
)ate:		Time:			

nician:			

Date:__