

MINOR TO COMPLETE:

**DEKALB COUNTY COURT SERVICES
SOCIAL HISTORY INTAKE PACKET FOR MINOR**

PLEASE BE AWARE THAT THIS MUST BE COMPLETED IN FULL PRIOR TO YOUR APPOINTMENT OR YOU WILL NOT BE SEEN BY THE INVESTIGATING OFFICER AND YOUR APPOINTMENT WILL BE RESCHEDULED

The questions in this packet strictly pertain to the minor. We ask that they are answered specifically by the minor. Please see a separate packet that pertains to the parents'/guardians. Anything discussed in this packet cannot be held against you in court.

CLIENT INFORMATION:

Name: _____
 First Middle Initial Last

Address: _____
 Street Apt. # City State Zip Code

How Long at Current Address: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Prior Address (If at current address less than 5 years): _____

How long did you live there? _____

DOB: _____ Birthplace: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Gender: _____ Race: _____ Ethnicity: _____

Scars, Tattoos, Piercings (Describe): _____

FAMILY INFORMATION:

Biological Mother: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Biological Father: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Stepmother: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Stepfather: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Other/Guardian: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

INTERVIEW GUIDE:

Tell me about the times you have gotten into trouble with the law prior to this current charge?

Have you ever been in front of a Judge before? If so, what for and what did the Judge do?

Was it for a felony or misdemeanor? _____

What are you currently charged with? **Felony** **Misdemeanor** **Status Offense**

How old were you the first time you got into trouble with the Police? _____

What happened to you when you got into trouble? _____

Have you ever been on probation before? _____

If yes, why? _____

Have any of your close family members ever been arrested? _____

If yes, why? _____

List All People Living in Your Home:

First	Last	Middle Initial	DOB	Employment/School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a curfew? If yes, what time on the weekdays/weekends? _____

How do you stay in touch with your parents when you are not with them? _____

How often do you go somewhere without your parents/caregivers knowing where you are? _____

How do your parents/caregivers check in on you to see if you are doing what you are supposed to be doing? _____

Have you ever run away from home? If yes, how many times and why? _____

How long were you gone? _____

Where did you go or who did you stay with? _____

Has your parent/guardian ever locked you out of your home? If so, how many times and why?

What are the rules at your home?

What are some examples of punishments given at home? _____

What is your relationship like with each member of your immediate family?

Are there any extended family members who you feel close to? If yes, who?

How much time per week do you spend with your family or parents/guardian? _____

Describe what a typical weekend looks like in your home.

SCHOOL INFORMATION:

Are you currently in school? **YES** **NO**

If yes, what school do you attend? _____

What grade are you in? _____

What grades do you get in school? _____

Are there any staff/teachers/coaches at school who you have a good relationship with? If yes, who?

How many in-school and/or out-of-school suspensions have you had? _____

Have you ever been expelled from school? _____

Have you ever skipped class? _____

Do you currently participate in any clubs or sports? _____

What are your plans after graduation? _____

COMMUNITY/PEERS:

What do you and your friends like to do together?

How often do you spend time with your friends? _____

Are most of your friends people from school or elsewhere? _____

Have any of your friends ever been arrested or on probation? _____

Are you or your friends a member of, or associate with a gang? _____

Are there any adults outside of your family who you feel close to or have a good relationship with?

Are you involved in any community activities? _____

ALCOHOL AND DRUGS:

Have you ever tried alcohol? _____

What drugs have you tried? _____

How old were you when you first tried alcohol or drugs? _____

How often do you use alcohol or drugs? Please specify. _____

How do your parents feel about you using alcohol and/or drugs? _____

When was the last time you used alcohol or drugs? _____

When you are using, are you with your friends or alone? _____

HEALTH/MENTAL HEALTH:

Have you ever thought about or attempted suicide?

Have you ever seen a counselor or psychiatrist? _____

Have you ever been prescribed medication or are you currently on any medication? _____

Have you ever been a victim of physical or sexual abuse? _____

Have you been a victim of abuse from someone living in your home? _____

Have you ever been the victim of bullying? _____

How would you describe your temper? _____

Name some things that frustrate you. _____

What do you usually do when you are frustrated? _____

What types of things do you worry about the most? _____

What do you do when you worry? _____

Have you ever gotten into a fight? If so, how often? _____

Do you think fighting or yelling is needed to solve problems?

ATTITUDE/SKILLS:

When you picture your future, what do you imagine your future will look like?

How often do you get in arguments? _____

Who do you typically argue with? _____

Do you realize when you are in a situation that can get you in trouble? _____

If your friend gets in a fight, do you feel you need to join? _____

Do you see yourself as a leader or a follower? _____

What are your current views on the Police? _____

What do you think about making some changes that may help you at work/school or with family?

EMPLOYMENT/FREE TIME:

Are you currently working? If yes, where and how long? _____

<u>Previous Employment</u>	<u>How long</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____

What are some things you may do for fun? _____

What do you like to do in your free time? _____

What hobbies do you have? _____

