



# Juvenile Questionnaire

**PERSONAL DATA:**

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Employment: \_\_\_\_\_ School: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Citizen: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Gender:  Female  Male Complexion: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Build: \_\_\_\_\_  
 Scars: \_\_\_\_\_  
 Tattoos: \_\_\_\_\_

**PARENTS/FAMILY:**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Employment: \_\_\_\_\_ City/State: \_\_\_\_\_  
 If retired, previous employment: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Employment: \_\_\_\_\_ City/State: \_\_\_\_\_  
 If retired, previous employment: \_\_\_\_\_

Are your parents divorced?  Yes  No  
 Did your parent remarry?  Yes  No

Name of step-parent: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
 Name of step-parent: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Who are you living with now? \_\_\_\_\_

How would you describe communication in your family? \_\_\_\_\_

Has any member of your family had any legal or criminal problems? \_\_\_\_\_

Were you ever sexually or physically assaulted by a relative? \_\_\_\_\_

What are the rules at home? \_\_\_\_\_

What happens when you break those rules? Consequences? \_\_\_\_\_

**Siblings:**

Name:	Date of Birth:	Employment:	Address:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How do you get along with your brothers and sisters? \_\_\_\_\_

What do you like best about your family? \_\_\_\_\_

**Children:**

Children's Name	Date of Birth:	Employment:	Address:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Personal History:**

How would you describe yourself? \_\_\_\_\_

Do you have problems controlling your anger?  Yes  No

Have you ever been in a fight and/or hurt someone physically? Explain. \_\_\_\_\_

What kinds of things make you especially angry? \_\_\_\_\_

What do you enjoy doing in your free time? \_\_\_\_\_

What kind of goals do you have for yourself? \_\_\_\_\_

Describe a typical day in your life? \_\_\_\_\_

Do any of your friends have criminal records? \_\_\_\_\_

Do you feel you are having trouble managing your life? \_\_\_\_\_

Is there anything about yourself you would like to change? \_\_\_\_\_

Do you have problems controlling your temper? \_\_\_\_\_

Have you ever been assessed by a psychologist, special education teacher or diagnosed with any medical conditions? \_\_\_\_\_

Have you ever attempted to hurt yourself or contemplated suicide? \_\_\_\_\_

What is the biggest problem that you are encountering other than the pending court hearing? \_\_\_\_\_

\_\_\_\_\_

**Peer Relations:**

Who are your best friends right now? \_\_\_\_\_

How many of your friends have been involved with the police and/or are on probation? \_\_\_\_\_

How many of your friends use alcohol and/or drugs? \_\_\_\_\_

How often do you use with your friends? \_\_\_\_\_

Are you a gang member? \_\_\_\_\_

Are any of your friends gang members? \_\_\_\_\_

**Chemical Use:**

Are there any of your family members who are chemically dependent? \_\_\_\_\_

Have you ever had an alcohol problem? \_\_\_\_\_

How old were you when you first started to drink alcohol? \_\_\_\_\_

Do you have a favorite alcoholic beverage? \_\_\_\_\_

How often do you drink? \_\_\_\_\_

How much do you drink? \_\_\_\_\_

Has anyone ever expressed concern to you about your alcohol usage? \_\_\_\_\_

Do you feel you have a problem with alcohol usage? Why or why not? \_\_\_\_\_

How old were you when you first used drugs? \_\_\_\_\_

What non-prescription drugs have you used?

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> marijuana | <input type="checkbox"/> LSD/Haluncigens             | <input type="checkbox"/> inhalants          |
| <input type="checkbox"/> hashish   | <input type="checkbox"/> heroin                      | <input type="checkbox"/> prescription drugs |
| <input type="checkbox"/> speed     | <input type="checkbox"/> uppers                      | <input type="checkbox"/> Other              |
| <input type="checkbox"/> cocaine   | <input type="checkbox"/> downers                     |   |
| <input type="checkbox"/> quaaludes | <input type="checkbox"/> methamphetamine/amphetamine |   |

How often and where do you use drugs? \_\_\_\_\_

Do you feel you have a problem with drug use? Why or why not? \_\_\_\_\_

Describe past use of drugs and/or alcohol if no longer use... \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in treatment for alcohol or drug usage?  Yes  No

If so, where and when: \_\_\_\_\_

Have you ever been in any counseling programs:  Yes  No

If so, Where and when: \_\_\_\_\_

Have you ever been sexually or physically abused?  Yes  No

**Education/Employment:**

Please list the schools you have attended and the dates attended:

School	Address:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your current grade level?: \_\_\_\_\_

Do you plan to graduate from high school?: \_\_\_\_\_

Approximately what date?: \_\_\_\_\_

If not what grade did you complete?: \_\_\_\_\_

What year did you leave school? \_\_\_\_\_

What was your reason for terminating your education? \_\_\_\_\_

What trouble have you had in school? \_\_\_\_\_

- Have you been suspended or expelled?  Yes  No
- Have your parents been called to school due to problems?  Yes  No

Explain: \_\_\_\_\_

What grade are you getting? \_\_\_\_\_

Do you belong to extracurricular activities? \_\_\_\_\_

Tell me about school attendance:

- How often to you skip school? \_\_\_\_\_
- What do you do when you skip school? \_\_\_\_\_

Are you employed anywhere?  Yes  No If yes, Where? \_\_\_\_\_ And for how long? \_\_\_\_\_

**Prior Record:**

What were you in Court for? \_\_\_\_\_

Explain the circumstances of the offense: (who were you with –what happened)? \_\_\_\_\_

How do you feel about the crimes you committed (or were alleged to have committed)? \_\_\_\_\_

What is your attitude or feeling toward the victim(s)? \_\_\_\_\_

Have you ever been in court for any other reason?  Yes  No. If yes, what for? \_\_\_\_\_

Are you currently on probation?  Yes  No

How old were you when you first got into trouble? \_\_\_\_\_

Please list any court or criminal history below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been placed in a juvenile facility?  Yes  No

Have you ever absconded from a juvenile facility?  Yes  No

Have you ever had a probation violation?  Yes  No

Have you ever had probation revoked?  Yes  No

**Your version of incident:**

Tell your own version of the offense; how you got involved in the offense and the circumstances that led up to it (you may write on the back). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_