

GREENE COUNTY JUVENILE COURT MINI SOCIAL HISTORY

Juvenile JIS ID: _____

Date: ____/____/____

Case #: _____

PLEASE PRINT: GUARDIAN must complete

IDENTIFYING INFORMATION:

Juvenile's Info:		First Name:	Mid:	Last:	
SS#:	DOB:	Age:	School:	Grade:	
Gender: M / F	Ethnicity:	Eye Color:	Hair Color:	Height:	Weight:
Address:		City/State/Zip:			Employed? Y or N
Mother's Info:		First Name:	Mid:	Last:	
Address:		City:	State:	Zip:	
Phone #:	Other #:	DOB:	Ethnicity:		
SS#:	Employer:	Hrs:			
Email:		If deceased, what year?			
Father's Info:		First Name:	Mid:	Last:	
Address:		City:	State:	Zip:	
Phone #:	Other #:	DOB:	Ethnicity:		
SS#:	Employer:	Hrs:			
Email:		If deceased, what year?			
Other Guardian:		First Name:	Mid:	Last:	
Address:		City:	State:	Zip:	
Phone #:	Other #:	DOB:	Ethnicity:		
SS#:	Employer:	Hrs:			
Email:		If deceased, what year?			

Other than the reason you are here today, what problems are you having with your child?

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What has been tried to correct the problem? AND What do you think needs to happen to help change things?

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Medical/Mental Health History

Does child have any health concerns and/or physical handicaps? **Yes or No** If so, explain _____

CURRENT Diagnoses	Current Medications	Prescribing Physician	Began Month / Year

If child is female, is child currently pregnant? **Yes or No**

Behavioral Health History – Has Juvenile ever been placed outside of the home for any reason? **Yes or No**

Circle NONE or List **previous or current** counseling, hospitalizations for behavior problems or OUT of home placements:

Location or Counselors name	Month & Year Admitted/Began Counseling	Length of Treatment

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List any Drug/Substances the child is **suspected** of abusing or **known** to have used or circle NONE:

Name of Drug/Substance	Check if Suspected	Check if YES	Age Started	How Often	Amount Used	Last Used

Has the child ever talked about self-harm or suicide OR purposefully harmed themselves in anyway? Circle NO or if YES complete.

Approximately what month and year	What did you hear the child say? Or What did someone tell you the child said?

Has the **child instigated** harm or threats to another person or animal or been destructive to property? Circle NO or if YES complete.

Approximately what month and year	What was observed? And by Whom?

Any history of abuse, neglect or traumatic experiences? Circle NO or which: Physical / Sexual / Emotional / Traumatic Event

Was Probable Cause of abuse found? YES or NO Was petition filed with a Court in regards to the abuse? Yes or NO

Explain: _____

School Attendance/ Discipline & Prior Juvenile Court Involvement

How many In or Out of school suspensions has the child had this year? In ____ Out ____ Reason(s)? _____

Please Circle - Child attending school? **Yes** or **No** Child's grades: **Passing without difficulty** / **Below Average** / **Failing**

Please Circle - Is the child in: **All regular classes** or **Special Education Classes** Does child have IEP or 504 plan? **Yes** or **No**

Other State & County of Juvenile Court History	Month & Year Involved	Reason for Involvement

Resource System and Immediate household information

Does child have any biological children? **Yes** or **No** If yes, how many? _____

Names of those living in home with the child	Age	Relationship

If parents are divorced/separated what is the custody arrangement? _____

How often does child have visitation if parents are divorced/separated? _____

Check those that apply:	Alcohol Abuse	Drug Abuse	Mental Delays/disability	Suicide/Attempt	Depression	Anxiety	Incarcerated
Bio Mother							
Bio Father							

Please circle the following bolded responses:

How well does the child make friends: **Good** / **Poor** / **Fair** Maintain friendships: **Good** / **Poor** / **Fair**

Choice/Influence of friends: **Neutral** / **Negative** / **Strong Negative** / **Gang Involvement**

Family Support System (support system beyond child's immediate family): **Strong** / **Limited** / **Weak** / **Strong Negative**

List any agencies, organizations, church, hobbies, or in/out of school activities of which the child is involved. _____

What things does your child do well? _____

Circle - Does the child have: **Medicaid** or **Private Insurance** or **NONE** If insurance, circle who is the provider? **Mercy** or **Cox**