

PERSONAL HISTORY

SUP143, 03/15

DATE: _____ FILE # _____

Your child is scheduled to appear for a Preliminary Inquiry. Prior to this meeting, the Juvenile Probation Department is **required** by Indiana statute to conduct a family background investigation. This information will be kept confidential. **PLEASE PRINT.**

JUVENILE'S LEGAL NAME: _____
(first) (middle) (last) (Jr./Sr./etc.)

Alias/Nickname _____ Scars/Marks/Tattoos _____

Race: ___Caucasian ___African American ___Burmese ___Hispanic ___Asian ___Multiracial ___American Indian/Alaskan Native
___Native Hawaiian/Pacific Islander Gender: ___M ___F DOB: _____ Age: _____

Ethnicity: ___American Indian/Alaskan Native ___Native Hawaiian/Pacific Islander ___Hispanic ___Non-Hispanic ___Burmese ___Arabic ___Other

Citizenship: ___Native U.S. Citizen ___Foreign Born U.S. Citizen ___Qualified Legal Alien ___Not U.S. Citizen

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

Place of Birth: _____ City and State _____ SSN: _____

Address: _____ Street _____ Home Phone: _____
City _____ State _____ Zip Code _____ Juvenile's Cell Phone: _____

Current School: _____ Current grade: _____

Home school district: _____

School status: ___Attending ___Suspended ___Expelled (with options or without options) ___Assigned to Alternative School
___Withdrawn ___Graduated ___Completed ___Obtained GED

Special Education Classification: _____ Date of last IEP: _____

Juvenile's Employment: _____ Work Phone: _____
___Full-time ___Part-time Income \$ _____ per _____

Driving status: ___None ___License ___Permit ___Active ___Suspended ___Revoked

License/Permit# _____ From What State? _____

Medical Conditions: _____

Allergies: _____

Current Medication: _____

Medicaid #: _____

Current Counseling Agency: _____ Contact Person: _____

Previous Counseling Agency: _____ Contact Person: _____

Prior DCS involvement: ___Yes ___No If yes, when and nature of involvement? _____

County of DCS involvement: _____ Name of DCS caseworker: _____

Do you receive Child Support for this child? ___Yes ___No \$ _____ per _____

Do you receive Child Support for other children? ___Yes ___No \$ _____ per _____

Do you receive Social Security for this child? ___Yes ___No \$ _____ per _____

Do you receive Social Security for other children? ___Yes ___No \$ _____ per _____

Children of Juvenile:

Does this juvenile have a child/children? ___Yes ___No If Yes: Child's Legal Name: _____
DOB: _____ SSN: _____ Race: _____ Gender: _____
With whom does child live? _____ Address: _____
Other Parent name: _____ Address: _____
Has paternity been established? Yes No Child Support? \$ _____ per _____

Mother	Father
Legal Name: _____	Legal Name: _____
Alias/ Maiden Name: _____	Alias: _____
DOB: _____ DOD: _____	DOB: _____ DOD: _____
SSN: _____ Race: _____	SSN: _____ Race: _____
<input type="checkbox"/> Legal Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> Non-Custodial Citizenship: <input type="checkbox"/> Native U.S. Citizen <input type="checkbox"/> Foreign Born U.S. Citizen <input type="checkbox"/> Qualified Legal Alien <input type="checkbox"/> Not U.S. Citizen	<input type="checkbox"/> Legal Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> Non-Custodial Citizenship: <input type="checkbox"/> Native U.S. Citizen <input type="checkbox"/> Foreign Born U.S. Citizen <input type="checkbox"/> Qualified Legal Alien <input type="checkbox"/> Not U.S. Citizen
Address: _____	Address: _____
E-mail: _____	E-mail: _____
Home phone: _____	Home phone: _____
Cell phone/other: _____	Cell phone/other: _____
Employer: _____ FT PT	Employer: _____ FT PT
Wages: \$ _____ per _____	Wages: \$ _____ per _____
Food Stamps : \$ _____ per _____	Food Stamps : \$ _____ per _____
Social Security: \$ _____ per _____	Social Security: \$ _____ per _____
TANF : \$ _____ per _____	TANF : \$ _____ per _____

Marriage between mother and father: Never married
 Date of Marriage _____ Date of Divorce _____ Case # _____
 Paternity Established: No Yes
 By paternity Affidavit
 By marriage at birth of child,
 By Court Order Case # _____

STEP-FATHER/MOTHER'S LIVE-IN/ GUARDIAN OTHER THAN PARENT (Circle One)	STEP-MOTHER/FATHER'S LIVE-IN/ GUARDIAN OTHER THAN PARENT (Circle One)
Legal Name: _____	Legal Name: _____
Alias: _____	Alias/ Maiden Name: _____
DOB: _____ DOD: _____	DOB: _____ DOD: _____
SSN: _____ Race: _____	SSN: _____ Race: _____
<input type="checkbox"/> Legal Custody <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Other: _____	<input type="checkbox"/> Legal Custody <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Other: _____
Address: _____	Address: _____
E-mail: _____	E-mail: _____
Home phone: _____	Home phone: _____
Cell phone/other: _____	Cell phone/other: _____
Date of Marriage: _____ Divorce: _____	Date of Marriage: _____ Divorce: _____
Employer: _____ FT PT	Employer: _____ FT PT
Wages: \$ _____ per _____	Wages: \$ _____ per _____
Child Support: \$ _____ per _____	Child Support: \$ _____ per _____
Social Security: \$ _____ per _____	Social Security: \$ _____ per _____
TANF: \$ _____ per _____	TANF: \$ _____ per _____
Food Stamps: \$ _____ per _____	Food Stamps: \$ _____ per _____

ALL Siblings (in and out of the home):

*relationship = sister, brother, half-sister/brother, step-sister/brother

Name	Relationship*	DOB	SSN	CHILD SUPPORT	Address
				Y/N \$	
				Y/N \$	
				Y/N \$	
				Y/N \$	
				Y/N \$	
				Y/N \$	
				Y/N \$	

Others living in the home:

** friend, mother/father's significant other, uncle, aunt, cousin, etc,

Name	Gender	DOB	SSN	Relationship to Juvenile**
	M/F			
	M/F			
	M/F			