

PERSONAL HISTORY

SUP134, 04/22

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: ___ White ___ African American ___ Hispanic ___ Asian ___ Multiracial ___ American Indian/Alaskan Native ___ Native Hawaiian/Pacific Islander
___ Other Gender: ___ M ___ F DOB: _____ Age: _____

Ethnicity: ___ Hispanic ___ Non- Hispanic ___ Burmese ___ Arabic

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: _____ SSN: _____
City and State

Address: _____ Home Phone: _____
Street
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___ Withdrawn ___ Graduated ___ Completed ___ Obtained GED/HSE

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 #: _____ Private Ins # _____ No Ins: _____

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: _____ 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"/> Legal Guardianship <input type="checkbox"/> Other: _____ 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: _____
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/ SOCIAL SECURITY	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			