



Juvenile Social History
CONFIDENTIAL

(PLEASE DO NOT LEAVE ANY BLANKS)

Name:		Date:	
SSN:		Sex:	
Address:			
City		Zip:	
Place of Birth:		Date of Birth:	
Eye Color:		Hair Color:	
Height:		Weight:	
Parent's Name(s):			
Step Parent's Name(s):			

Offense Background

Have you been on probation?			
Where?		Charge?	
Do you have any current pending charges?			
Have you ever run away?		How many times?	

School Info

School:		Grade:	
Are you passing or failing?			
If you are failing, what classes?			
Number of referrals (this year):			
Have you ever been expelled, suspended or placed in alternative school?			
When?		Where?	
Do you have truancy issues?		Have you ever failed a grade?	
What grade?		Are you in any special education or resource classes?	

Activities and Interests:

What do you do in your spare time?	



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Drug History:

Do you use drugs/alcohol/tobacco?		What kind? How often?	
Does anyone in your family use drugs:		Who?	
What kind? How often?			

General:

How would you describe your family life?			
Have you ever experienced a traumatic event?			
Do you have a job?		Where?	
What is your work schedule?			
Are you currently in a gang?		Were you previously in a gang?	
Affiliation?			
What are your gang colors?			
Do you have any medical or mental health issues?			
Do you have any children?		How old?	
Is there anything else that you would like for me to know?			

I certify that the above information is true and correct.

Signature of Juvenile	Date
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Probation Officer's Signature	Date
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