

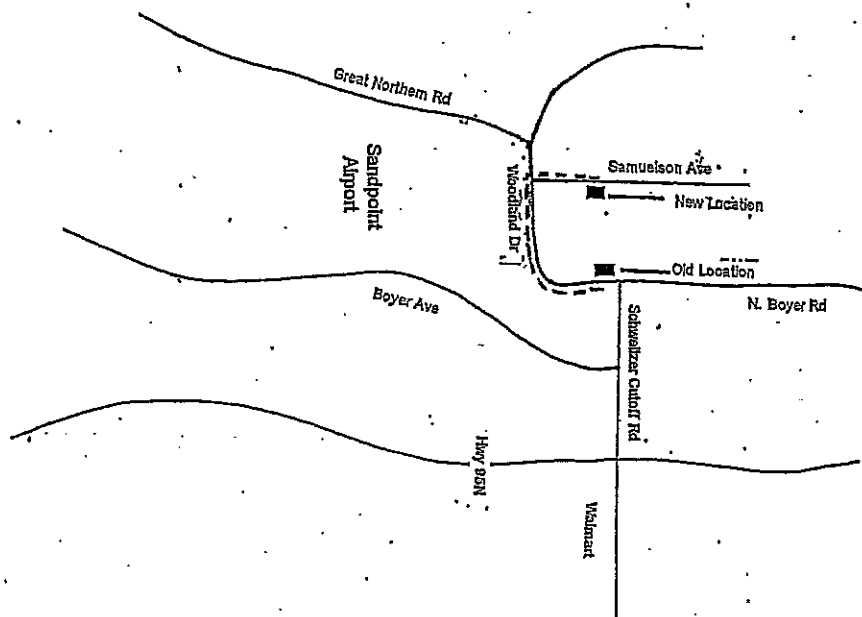
JUVENILE PROBATION

PLEASE ***COMPLETELY*** FILL OUT THE ENCLOSED PAPERWORK AND BRING IT TO YOUR INITIAL APPOINTMENT AT THE JUVENILE PROBATION OFFICE ALONG WITH THE FOLLOWING DOCUMENTS FOR THE JUVENILE: Social Security Card, Medicaid Card, Birth Certificate and Current Grades.

JUSTICE SERVICES
4002 SAMUELSON AVE.
SANDPOINT, IDAHO 83864
(208) 263-1602

IF YOU DID NOT SCHEDULE YOUR SOCIAL HISTORY APPOINTMENT AT COURT TODAY, YOU ARE REQUIRED TO CALL THE JUVENILE PROBATION OFFICE AT (208) 263-1602 BY 5:00 P.M. TOMORROW.

PLEASE PLAN ON YOUR SOCIAL HISTORY APPOINTMENT TAKING APPROXIMATELY 2 HOURS. A PARENT MUST ACCOMPANY THE JUVENILE TO THE APPOINTMENT.



Juvenile living with: _____

If natural parents are divorced, and if applicable, information regarding step-parent(s):

Stepmother: _____	Stepfather: _____
S.S. #: _____	SS#: _____
Date of Birth: _____	Date of Birth: _____
Physical Address: _____	Physical Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____

If Juvenile is living with other than parents, please provide the following information for the person(s):

Name: _____	Name: _____
S.S.#: _____	SS#: _____
Date of Birth: _____	Date of Birth: _____
Physical Address: _____	Physical Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Legal Guardian?: _____	Legal Guardian?: _____

Date juvenile located to Bonner County: _____ From where? _____

Where has juvenile lived over the last 5 years: _____

Has juvenile been charged with any crimes or offenses **PRIOR** to this charge? Yes No

If yes, what charges? _____

Any charges **pending**? Yes No

If yes, what charges? _____

Has juvenile previously been on Probation? Yes No

If yes, where: _____ Date: _____

Probation Officer: _____

Does juvenile have a driver's license? Yes No

Driver's license #: _____

State of Issue: _____

Is license currently suspended? Yes No If yes, why?: _____

Is juvenile receiving medical care? Yes No

If yes, why?: _____

Type of medication: _____

Allergies: _____

Past major illnesses/surgeries: _____

Is juvenile currently employed? Yes No If yes, where? _____

Past employment: _____

Is juvenile on Medicaid? Yes No Medicaid No. _____

Does family and/or juvenile receive Social Security/Disability or other Government Benefits? Yes No

If so, list: _____

I VERIFY THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF PARENT/GUARDIAN

***** NOTE: AT THE TIME OF YOUR SOCIAL HISTORY APPOINTMENT, PLEASE BRING THE FOLLOWING:**

- CHILD'S MOST RECENT GRADES**
- COPY OF CHILD'S BIRTH CERTIFICATE**
- COPY OF CHILD'S SOCIAL SECURITY CARD**
- COPY OF CHILD'S INSURANCE / MEDICAID CARD**

PARENT/GUARDIAN VERSION OF YOUTH'S OFFENSE

Juvenile's Name _____ Case No.: JV-_____

Parent(s)/Guardian(s) Name(s): _____

Your whereabouts at the time your child committed the offense? _____

_____ Did you know where your child was? _____

If no, why not? _____

Did you know who he/she was with? _____ Do you approve of your child's

associates? _____ Explanation _____

What was your child supposed to be doing when the offense was committed? _____

What is your understanding of the offense? _____

How was the victim affected by your child's actions? _____

Did you as a parent take any action toward your child as a result of this offense? _____

If so, what action was taken: _____

Parent(s)/Guardian(s) Signature

Date