

# JUVENILE COURT OF SHELBY COUNTY FAMILY INFORMATION FORM

**TO PARENTS/GUARDIAN:** We understand that this can be a time of stress, but it can also be an opportunity for growth and change. We need information about you and your family that will help us to help you. Please complete this questionnaire as completely and as accurately as possible. Remember these answers are your views, and there is no right or wrong answer. We believe your thoughts and ideas are very important. All information supplied will be kept in strictest confidence as provided by law. You may be asked to discuss or expand on some of your answers.

## PARENT/GUARDIAN SECTION

1. INFORMATION/DATA
2. PAST MEDICAL HISTORY
3. CURRENT MEDICAL HISTORY
4. EDUCATION
5. PERSONAL HISTORY
6. LEGAL HISTORY
7. YOUR CHILD
8. YOUR FAMILY

**This strength-based assessment form was adapted from work developed by  
Michael D. Clark, MSW/Center for Strengths in Juvenile Justice**

**\* Due to changes in our process as a result of COVID-19, we need an accurate email address should hearings involving your child need to be conducted via Zoom.**

\_\_\_\_\_  
Youth's Name, First                  Middle          Last          Race          Sex          Age                  Date of Birth

Height \_\_\_\_\_          Weight \_\_\_\_\_          Eyes \_\_\_\_\_          Hair Color \_\_\_\_\_          Birthmark/Tattoos \_\_\_\_\_

\_\_\_\_\_  
School                                  Grade                  Youth's Social Security #

\_\_\_\_\_  
Legal or Physical Custodian                  Address

\_\_\_\_\_  
City                  State                  Zip Code

\_\_\_\_\_  
Home Phone #                                  Child's cell phone #

\_\_\_\_\_  
Child's Email Address                  Child's Driver License # \_\_\_\_\_

**DIRECTIONS TO HOME:** \_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION:**

Married \_\_\_\_\_          Divorced \_\_\_\_\_          Separated \_\_\_\_\_          Widowed \_\_\_\_\_          Never Married \_\_\_\_\_

If divorced, indicate county / state/ year \_\_\_\_\_

\* Natural Father

\* Natural Mother

Age \_\_\_\_\_          Birthdate \_\_\_\_\_

Age \_\_\_\_\_          Birthdate \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position Held \_\_\_\_\_

Position Held \_\_\_\_\_

Work Number \_\_\_\_\_

Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Cell Number \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Are you currently receiving ADC or SSI?

Yes           No

Are you currently receiving ADC or SSI?

Yes           No

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Health Insurance or Medicaid # \_\_\_\_\_  
\_\_\_\_\_

Health Insurance or Medicaid # \_\_\_\_\_  
\_\_\_\_\_

Maiden Name \_\_\_\_\_

Are you paying or receiving child support for this youth? \_\_\_\_\_

If parents or guardians are divorced, who holds legal custody? \_\_\_\_\_

\* Step-Father or Present Male Custodian

Age \_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Are you currently receiving ADC or SSI?

Yes  No

Social Security # \_\_\_\_\_

Health Insurance or Medicaid # \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

\* Step-Mother or Present Female Custodian

Age \_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Are you currently receiving ADC or SSI?

Yes  No

Social Security # \_\_\_\_\_

Health Insurance or Medicaid # \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

**SIBLINGS**

Name(s) of all brothers and sisters (include step siblings)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	Check whether living in the home
_____	_____	_____	Yes ( ) No ( )
_____	_____	_____	Yes ( ) No ( )
_____	_____	_____	Yes ( ) No ( )

**PAST MEDICAL HISTORY:**

A. Has your child ever had a seizure? (epilepsy or convulsions, including during infancy)? Do you know what type, the age and medication taken?

\_\_\_\_\_

B. Please give the names of medications that your child has taken recently or is taking currently.

<b>Name or Description</b>	<b>Year</b>	<b>Reason for Taking</b>

C. Does youth have allergies?

\_\_\_\_\_

D. Hospitalization and surgeries: List hospitalizations for surgery, other medical reasons, emotional problems, or substance abuse treatment.

Date or Age	Type of Illness or Injury	How Long	Name/Location of Hospital

E. Did **mother, father or any other** significant family member have a serious illness during the child's first two years of life?

\_\_\_\_\_  
\_\_\_\_\_

F. Were there any significant or extended separations between either parent and the child from birth to the present?

\_\_\_\_\_  
\_\_\_\_\_

3. **CURRENT MEDICAL HISTORY:**

A. Please list and explain any recent or current health problems of the youth.

\_\_\_\_\_  
\_\_\_\_\_

4. **EDUCATION:**

A. Youth's School Performance

School: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

	GOOD	FAIR	POOR
<b>GRADES</b>			
<b>BEHAVIOR</b>			
<b>ATTENDANCE</b>			
<b>PEER RELATIONSHIPS</b>			
<b>TEACHER RELATIONSHIPS</b>			

B. Have the youth's grades changed in the last year? \_\_\_\_\_ If so, how?

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C. Suspension(s): Truancy \_\_\_\_ Fighting \_\_\_\_ Discipline \_\_\_\_ Weapons \_\_\_\_  
Alcohol/Drugs \_\_\_\_ Other \_\_\_\_

Please Explain:

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D. Is your child receiving Special Education Services for any of the following?

Emotionally Conflicted  Learning Disabled   
Other Health Impaired  Gifted  (504)

E. Has academic or psychological testing been done at school or elsewhere? If so, when and where?

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F. Does your child have an active Individualized Education Plan? If so, when was implemented?

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5. **PERSONAL HISTORY:**

A. What community agencies/programs are involved with the youth at this time or have been in the past?

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B. Are you concerned about the youth's friends?

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C. Are you concerned about the youth's relationship with his/her mother, father, stepparent, or siblings?

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D. Sexual History: Is the youth sexually active? Yes  No  Not Sure

At what age was sexual activity first noticed? \_\_\_\_\_

Is your child using any form of birth control?    Yes        No   

Is your child a parent?    Yes        No   

Was your child ever a victim of sexual abuse? If yes, at what age? \_\_\_\_\_

\_\_\_\_\_

E. Has your child ever been physically abused or assaulted?    Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain the situation:

\_\_\_\_\_  
\_\_\_\_\_

F. Has anyone living in the home ever used alcohol or other drugs?

Adult: Yes \_\_\_\_ No \_\_\_\_                      Child: Yes \_\_\_\_ No \_\_\_\_

If child or parent/custodian was in drug treatment, was it completed? Was it beneficial? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

G. Has anyone living in the home ever had DHR (Department of Human Resources) involvement? If so, please explain and list the DHR Worker's name:

\_\_\_\_\_  
\_\_\_\_\_

H. List regular chores or any employment of your child. If your child is employed, please list their employer, hire date, immediate supervisor and employer's address:

\_\_\_\_\_  
\_\_\_\_\_

I. Hobbies, special interests of child and family activities:

\_\_\_\_\_  
\_\_\_\_\_

6. **LEGAL HISTORY:**

A. Please list any contact the youth has had with the police:

\_\_\_\_\_  
\_\_\_\_\_

B. Please list any contact the youth has had with any juvenile or other court:

\_\_\_\_\_  
\_\_\_\_\_

C. List any problems involving the court with any family member or others living in the home:

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**YOUR CHILD:**

Why do you think the youth is currently in this situation?

What is needed for the youth's current problems to get better? How will you know when the problem is getting better?

What is important for us to know about the youth?

Tell us about your child's good points. What is the youth good at doing that makes you proud? What are his/her interests? What activities does the youth enjoy?

Has your child ever been placed out of the home?

**YOUR FAMILY**

What are some family habits, strengths or good points that you are most proud of?

Are there other people/community programs that could be helpful in the youth's life?

Changes in a family's life happen all the time. Can you describe good things that used to happen in your family that may have stopped lately?

What are some things you feel your family should start doing to bring about change?

Are there any other relatives or adults who are important figures in your child's life?