

Juvenile ID: _____

DAVIDSON COUNTY JUVENILE COURT

Home Phone: _____

Date: _____

GENERAL DATA FORM

Other Phone: _____

Initials: _____

CHILD'S PERSONAL RECORD

Adult File : _____ Yes _____ No

(please print all blanks in family history)

Legal Name: _____ Social Security Number: _____

C Last, First Middle **C**

H OCA _____ DOB: _____ POB: _____ Sex: _____ Marital: _____ **H**

I Race: _____ Ethnicity: _____ Eye Color: _____ Hair Color: _____ **I**

L Height: _____ Ft. _____ In. Weight: _____ lbs. Medical Condition: _____ **L**

D Drivers License #: _____ Issue Date: _____ Issue State: _____ **D**

Living Arrangement of child:

I With both biological parents With adoptive parents In an institution: _____ **I**

N With father and stepmother With relative In a group home: _____ **N**

F With mother and stepfather Independent With foster family: _____ **F**

O With mother Unknown In a residential center: _____ **O**

With father Other: _____

Special Ed. Class: _____ School: _____ Last Grade Completed: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

FAMILY HISTORY

MOTHER:

Name: _____ Social Security Number: _____

Last, First Middle

Address: _____ Apt#: _____ City/State: _____ Zip: _____

Married: Yes No Race: _____ Birthdate: _____ Occupation: _____

Home Phone: _____ Phone: _____ Employer: _____

Work Phone: _____ Work Address: _____

FATHER:

Name: _____ Legitimated: _____ Social Security Number: _____

Last, First Middle

Address: _____ Apt#: _____ City/State: _____ Zip: _____

Married: Yes No Race: _____ Birthdate: _____ Occupation: _____

Home Phone: _____ Phone: _____ Employer: _____

Work Phone: _____ Work Address: _____

LEGAL GUARDIAN:

Name: _____ Relationship: _____ Social Security Number: _____

Last, First Middle

Address: _____ Apt#: _____ City/State: _____ Zip: _____

Sex: _____ Race: _____ Birthdate: _____ Occupation: _____

Home Phone: _____ Employer: _____

Work Phone: _____ Work Address: _____

STEP-PARENT:

Name: _____ Social Security Number: _____

Last, First Middle

Address: _____ Apt#: _____ City/State: _____ Zip: _____

Sex: _____ Race: _____ Birthdate: _____ Occupation: _____

Home Phone: _____ Employer: _____

Work Phone: _____ Work Address: _____

File #: _____

DAVIDSON COUNTY JUVENILE COURT

Last Name: _____

GENERAL DATA FORM

CHILD'S PERSONAL RECORD
(please print)

PETITIONER: _____ **SSN#:** _____ **DOB:** _____

Last, First Middle

RELATIONSHIP TO CHILD(REN): _____

MAILING ADDRESS: _____

_____ CITY/ST:

_____ ZIP: _____ HM PHONE: _____ WK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

SIBLING:

Name: _____ Date of Birth: _____ File #: _____

Name: _____ Date of Birth: _____ File #: _____

Name: _____ Date of Birth: _____ File #: _____

Name: _____ Date of Birth: _____ File #: _____