

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Time: \_\_\_\_\_

## Unruly Form

Child's Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) Middle

School: \_\_\_\_\_ Grade \_\_\_\_\_ Special Education: YES NO

Please circle YES or NO to the following questions:

### I. Are you here because your child will not attend School? YES NO

#### School Information:

1. Is your child currently enrolled in a Metro school? YES NO
2. Is your child currently skipping school or classes? YES NO
3. Has the school filed a truancy petition on your child? Date: \_\_\_\_\_ YES NO
4. Have you attended an Attendance Review Board Meeting about your child? Date: \_\_\_\_\_ YES NO
5. Have you received any services through the M-SAC (Metro School Attendance Center) Date: \_\_\_\_\_ YES NO
6. Has the school or anyone advised you to file the unruly petition? YES NO

If YES, please indicate the name of the person and the date: \_\_\_\_\_

### II. Are you here because your child will not follow your rules? YES NO

#### Behavior Information:

1. Is your child currently or ever been on Supervised Probation? YES NO  
If YES, please indicate the name of the P.O. and Date? \_\_\_\_\_ Date: \_\_\_\_\_
2. Is your child currently or ever been in DCS Custody? YES NO  
If YES, please indicate the name of DCS worker and Date? \_\_\_\_\_ Date: \_\_\_\_\_
3. Is your child currently on runaway/whereabouts unknown? YES NO  
If YES, have you filed a police report and a runaway petition with our Court? \_\_\_\_\_ Date: \_\_\_\_\_
4. Does your child have pending charges with this court? YES NO  
If YES, list the pending charges and court date: \_\_\_\_\_
5. Is your child being physically aggressive towards you or another family member? YES NO
6. Has your child ever been arrested or the police been called to your home? YES NO  
If YES, indicate the date and why? \_\_\_\_\_
7. Is your child currently using Illegal drugs? YES NO  
If YES, list all illegal drugs your child has used and whatever Alcohol and Drug help they have received?  
\_\_\_\_\_

8. Have you spoken with any Juvenile Court Employee about this child or any of your children YES NO  
If YES, indicate the name of the employee? \_\_\_\_\_

9. Is your child currently taking any Medications? YES NO  
 If YES, list the medication/s and what diagnosis led to the medication: \_\_\_\_\_  
 \_\_\_\_\_
10. Is your child currently seeing a Counselor, Therapist, Psychiatrist or Medical Doctor YES NO  
 If YES, please indicate the name of the doctor. \_\_\_\_\_
11. Has your child received any type of in-home services now or in the Past? YES NO  
 If YES, please indicate the name of the service provider: \_\_\_\_\_  
 Please list any other type of interventions that have been tried. \_\_\_\_\_  
 \_\_\_\_\_

**Family History:**

Please list any other children you have that have received services through this court:

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Court Staff: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Court Staff: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Court Staff: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Court Staff: \_\_\_\_\_

Please circle YES/NO to the following questions:

- |  |     |    |               |
|--|-----|----|---------------|
| 1. Are the parents married?                      | Yes | No |               |
| 2. Are the parents divorced?                     | Yes | No | Never Married |
| 3. Is either parent deceased?                    | Yes | No |               |
| 4. Is the family receiving any of the following? |     |    |               |

AFDC: Yes/No SSI: Yes/No Food stamps: Yes/No Tenn Care: Yes/No Name: \_\_\_\_\_

**NOTE: Would you like to discuss the steps for placing your child in state custody? Yes No**  
**\*\* If yes, please write a brief statement stating the reason's why.**

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

- ( ) I agree to attend a Parenting Class or classes if recommended by the Court.  
 ( ) I agree to cooperate and participate in programs/counseling recommended by the Court:

\_\_\_\_\_  
 Parent/Legal Guardian Date

