

Juvenile ID: _____

CHILD'S PERSONAL RECORD

(please print all blanks in family history)

Date: _____ Name: Last: _____ First: _____ MI: _____

Social Security Number: _____

DOB: _____ POB: _____ Sex: _____ Race: _____ Ethnicity: _____

Eye Color: _____ Hair Color: _____ Height: Ft. _____ In. _____ Weight: _____ Medical Condition: _____

Living Arrangement of child:

- | | | |
|---|--|--|
| <input type="checkbox"/> With both biological parents | <input type="checkbox"/> With adoptive parents | <input type="checkbox"/> In an institution _____ |
| <input type="checkbox"/> With father and stepmother | <input type="checkbox"/> With relative | <input type="checkbox"/> In a group home _____ |
| <input type="checkbox"/> With mother and stepfather | <input type="checkbox"/> Independent | <input type="checkbox"/> With foster family _____ |
| <input type="checkbox"/> With mother | <input type="checkbox"/> Unknown | <input type="checkbox"/> In a residential center _____ |
| <input type="checkbox"/> With father | | <input type="checkbox"/> Other _____ |

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

Phone Number: _____ email Address: _____

Special Ed. Class: Yes No School: _____ Last Grade Completed: _____

Does anyone in this case need an interpreter? Yes No If yes, what language? _____

FAMILY HISTORY

MOTHER:

Name: _____ Social Security Number: _____

Last, First Middle

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

Married: Yes No Race: _____ Birthdate: _____ email Address: _____

Phone Number: _____ Employer: _____

Work Phone: _____ Work Address: _____

FATHER: (Legitimated: Y/N)

Name: _____ Social Security Number: _____

Last, First Middle

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

Married: Yes No Race: _____ Birthdate: _____ email Address: _____

Phone Number: _____ Employer: _____

Work Phone: _____ Work Address: _____

LEGAL GUARDIAN:

Name: _____ Social Security Number: _____

Last, First Middle

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

Married: Yes No Race: _____ Birthdate: _____ email Address: _____

Phone Number: _____ Employer: _____

Work Phone: _____ Work Address: _____

