

Juvenile Diversion Program Intake Form

(Please complete entire form)

Last Name _____ **First Name** _____ **Middle Name** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Phone Number: _____ **Date of Birth:** _____ **Age:** _____

Cell Ph. Number: _____

Race:

- Native Hawaiian or Other Pacific Islander (H)
- American Indian or Alaska Native (AM)
- Black, African American (B)
- Asian (AS)

- White (W)
- Hispanic (His)
- Other Race
- Multiple Races

Gender:

- Male
- Female

How many people are in your family? _____ **Average Yearly Income for Family:** _____ \$0 - \$ 9,999
_____ \$10,000 - \$24,999
_____ \$25,000 - \$39,999
_____ \$40,000 - over

Qualify for free/reduce lunch at school? **Yes** _____ **No** _____

School Enrollment:

- | | | |
|-------------------------------|-----------------|-----------------------|
| Enrolled and attending | Home schooled | Name of school: _____ |
| Not enrolled | Suspended | |
| Graduated High School Diploma | Expelled | Grade: _____ |
| Completed GED | College student | |

Offense: _____ **Date of Offense:** _____

Prior Legal Violations and Dates: _____

Prior Diversion/Probation served and Dates: _____

Explain the youth custody situation (Both Parents, Parent, Guardian, Partial, etc.): _____

Parent/Guardian Information:

Last Name _____ **First Name** _____ **Middle Name** _____ **Relationship** _____

Address (If same as above, check here _____) _____ **Phone (If same as above, check here _____)** _____

Work ph #: _____ **Employer:** _____

Last Name _____ **First Name** _____ **Middle Name** _____ **Relationship** _____

Address (If same as above, check here _____) _____ **Phone (If same as above, check here _____)** _____

Work ph #: _____ **Employer:** _____

Diversion Coordinator Use Only

Referral Date: _____	Intake Date: _____
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