

INTAKE DEPARTMENT
POLICE REPORT CHECKLIST

DATE: _____

TIME: _____

POLICE DEPARTMENT: _____

CHILD'S NAME: _____

CHILD'S D.O.B.: _____

FORMS PRESENTED WITH CHILD AT ADMISSION:

YES	NO	
___	___	ARREST SHEET
___	___	OFFENSE REPORT
___	___	PROBABLE CAUSE AFFIDAVIT
___	___	STATION HISTORY
___	___	FACT SHEET
___	___	DRUG FIELD TEST DONE?
___	___	BAC% TEST DONE?
___	___	DID CHILD REFUSE BAC% TEST?

The above marked forms were presented to the Intake Probation Officer at the time of the child's admission.

Intake Probation Officer

Police Officer

LAKE COUNTY JUVENILE CENTER

INTAKE DEPARTMENT PERSONAL PROPERTY INVENTORY

RESIDENTS NAME _____

SEX _____ DATE _____ /DATE _____

SIGNATURE OF PERSON
RECEIVING VALUABLES

VALUABLES:

- | | | |
|----------------------|----------------------|-------------------|
| 1. PAPER MONEY _____ | 7. BRACELETS _____ | 13. MATCHES _____ |
| 2. COIN MONEY _____ | 8. NECKLACE _____ | 14. LIGHTER _____ |
| 3. PURSE _____ | 9. RINGS _____ | 15. OTHER _____ |
| 4. WALLET _____ | 10. EARRINGS _____ | _____ |
| 5. KEYS _____ | 11. CHAINS _____ | _____ |
| 6. WATCH _____ | 12. CIGARETTES _____ | _____ |

CLOTHING ITEMS:

INTAKE OFFICER _____

16. _____
17. _____
18. _____
19. _____
20. _____

21. _____
22. _____
23. _____
24. _____
25. _____

THE ABOVE LIST CERTIFIES TO BE AN ACCURATE RECORD OF THE PROPERTY TAKEN AT THE TIME OF ADMISSION.

PROPERTY WITHDRAWALS

IN _____ DATE _____ OUT _____ DATE _____ No. _____
RESIDENT RESIDENT

IN _____ DATE _____ OUT _____ DATE _____
INTAKE PROBATION OFFICER INTAKE PROBATION OFFICER

THE ABOVE LIST CERTIFIES TO BE AN ACCURATE RECORD OF THE PROPERTY TAKEN AT THE TIME OF READMISSION.

PROPERTY WITHDRAWALS

IN _____ DATE _____ OUT _____ DATE _____ No. _____
RESIDENT RESIDENT

IN _____ DATE _____ OUT _____ DATE _____
INTAKE PROBATION OFFICER INTAKE PROBATION OFFICER

LAKE COUNTY JUVENILE CENTER

INTAKE DEPARTMENT PERSONAL PROPERTY INVENTORY

RESIDENTS NAME _____

SEX _____ DATE _____ /DATE _____

SIGNATURE OF PERSON
RECEIVING VALUABLES

VALUABLES:

- | | | |
|----------------------|----------------------|-------------------|
| 1. PAPER MONEY _____ | 7. BRACELETS _____ | 13. MATCHES _____ |
| 2. COIN MONEY _____ | 8. NECKLACE _____ | 14. LIGHTER _____ |
| 3. PURSE _____ | 9. RINGS _____ | 15. OTHER _____ |
| 4. WALLET _____ | 10. EARRINGS _____ | _____ |
| 5. KEYS _____ | 11. CHAINS _____ | _____ |
| 6. WATCH _____ | 12. CIGARETTES _____ | _____ |

CLOTHING ITEMS:

16. _____
17. _____
18. _____
19. _____
20. _____

INTAKE OFFICER _____

21. _____
22. _____
23. _____
24. _____
25. _____



Superior Court of Lake County
JUVENILE DIVISION

Judge Thomas H. Stefaniak, Jr.
LAKE COUNTY JUVENILE JUSTICE COMPLEX
3000 WEST 93RD AVENUE
CROWN POINT, IN 46307

PHONE: 219-660-6900
FAX: 219-736-6209

NOTIFICATION OF RIGHTS

RE:
DATE:

By signing this form, I am acknowledging that on this date the probation officer advised me and my child of the seriousness of the charges against my child. The following rights have been explained. Please initial if you understand them.

- | | Parent | Juvenile |
|---|--------|----------|
| 1. You have the right to remain silent. | _____ | _____ |
| 2. Anything you say may be used against you in a court of law. | _____ | _____ |
| 3. You have the right to a lawyer and have him/her present with you while you are being questioned. | _____ | _____ |
| 4. If you cannot afford to hire a lawyer one will be appointed to represent you before any questioning if you wish. | _____ | _____ |
| 5. You can decide at anytime to exercise these rights and not answer any questions or make any statements. | _____ | _____ |

I understand that at this time we do not know what disposition the court will determine in this matter and that the probation officer cannot tell me if I do or do not need an attorney.

Further, I understand each of the rights explained to me.

Parent/Guardian

Juvenile

Probation Officer



Superior Court of Lake County
JUVENILE DIVISION

Judge Thomas H. Stefaniak, Jr.
LAKE COUNTY JUVENILE JUSTICE COMPLEX
3000 WEST 93RD AVENUE
CROWN POINT, IN 46307



PHONE: 219-660-6900
FAX: 219-736-6209

CONSENT TO RELEASE INFORMATION

IN THE INTEREST OF:

DOB:

The above named child and parents consent to a complete and detailed investigation of the child's conduct and academic progress in school, church, the nature of his home and family, and other matters concerning his conduct, in order to help the court decide what best can be done to help the child.

The child and parents authorize you to furnish the Probation Department all information regarding the child's medical, psychological and psychiatric history and any other pertinent information.

This consent form authorizes the Probation Department to visit the child at school and get updated conduct and academic progress reports.

This consent form authorizes the Probation Department to furnish other social agencies with any pertinent data to which they are legally privy.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL FOR AS LONG AS THE CHILD IS UNDER THE JURISDICTION OF THIS COURT.

Witness

Child

Date

Parent



Superior Court of Lake County
JUVENILE DIVISION

Judge Thomas H. Stefaniak, Jr.
LAKE COUNTY JUVENILE JUSTICE COMPLEX
3000 WEST 93RD AVENUE
CROWN POINT, IN 46307



PHONE: 219-660-6900
FAX: 219-736-6209

Date: _____

DRESS CODE FOR THE COURT

As members of the community, utilizing the Lake County Superior Court, Juvenile Division, it is expected and required that you and your child appear in court in appropriate attire.

As the courtroom is not a casual environment, it is expected that all parents/legal guardians present their children and themselves to the court in compliance with the following guidelines to insure the professional integrity of the court and judicial process.

UNACCEPTABLE CLOTHING:

SHORTS OF ANY KIND (cut-off or other), T-SHIRTS, TANK or HALTER TOPS, sweat shirts, torn clothing (this includes clothing purchased with tears already in them), mini-skirts, untied shoe laces, bathing or body suits.

It is the parent/guardian's responsibility to insure the clothing worn by their children and themselves reflects the proper level of respect due the Lake County Superior Court.

Failure to comply with the expected dress code could result in the continuance of your case and in some instances may result in the child's detention during the continuance period.

Child

Parent/Guardian

Witness



Superior Court of Lake County
JUVENILE DIVISION

Judge Thomas H. Stefaniak, Jr.
LAKE COUNTY JUVENILE JUSTICE COMPLEX
3000 WEST 93RD AVENUE
CROWN POINT, IN 46307



PHONE: 219-660-6900
FAX: 219-736-6209

DATE: 10/03/17

Residents of the Lake County Juvenile Center will wear their own shoes while in detention. Appropriate shoes will be defined as gym shoes. Should a child be admitted in something other than gym shoes, it shall be the responsibility of the parent/legal guardian to bring out a pair of gym shoes.

The Lake County Juvenile Center is not responsible for any damage to or loss of resident's shoes.

I understand that it is my child's responsibility to maintain his/her own shoes.

Child

Parent/Legal Guardian

Witness

Lake County Juvenile Justice Complex Intake Probation Department
Prison Rape Elimination Act (PREA) information for Resident Rule
Book

What is Sexual Abuse/Harassment?

- Staff or other residents engaging in or attempting to engage in a sexual act or harassment with a resident
- Threatening or intimidating someone sexually
- Inappropriate touching
- Pressuring a resident or staff to engage in a sexual act
- Making sexual comments that may include profane or abusive language or gestures
- Exposing yourself to another resident or staff member

Examples of Sexual Harassment /Sexual Assault

- Calling out dirty names
- Grabbing, Pinching, touching
- Starting sexual rumors or telling stories about someone
- Comments about a person's body
- Exposing genitals or buttocks
- Requests for Sex, Assault, or Rape
- Gestures or looks- winking, licking lips, suggestive body movements
- Threats or Insults
- Writing sexual graffiti about someone

**What do you do if you or someone else is being sexually harassed,
sexually abused, or sexually assaulted?**

- Tell any staff member or adults in this facility you feel safe with
- Tell your parent, guardian, or any family member
- Fill out a grievance slip and place in the locked grievance box located in the classroom.
- Tell the Prea Coordinator
- Call one of the abuse or neglect hotline numbers listed in the section of agencies that provide services. Request to come to the medical unit, psychological department, or intake area to utilize a telephone to contact the Alternative House Crisis Hotline. You do not have to tell the Detention Staff the reason why you would like to come to the medical unit, psychological department, or intake department
- You do not have to list the name of the person that sexually abused, harassed or assaulted you. However, this information may make it easier for staff to help you

Confidentiality

Information that is received concerning the identity of the victim reporting sexual abuse, harassment, or assault is confidential (private). The facts listed in the report also will be limited to those staff that need to know in order to make a decision concerning the victim's welfare and for law enforcement/investigative purposes.

Counseling

If you have been a victim of sexual abuse, harassment, or sexual assault a referral for counseling services will be provided to you. We also have a therapist and psychologist staffed at our facility that can meet with you.

Medical

If you were sexually assaulted, there are medical services available for you to receive. These medical services include a nurse present in the building and/or on call 24 hrs a day. If deemed necessary, transportation to the emergency room will be provided by our security transportation department.

Avoiding sexual abuse, harassment, and assault

There are some things that you can do to protect yourself against sexual abuse, harassment, or assault. Here is a list.

- Do not accept gifts or favors from staff or other residents being held at our facility
- Do not accept an offer from another person to be your "protector"
- If you sense a situation may be inappropriate or dangerous, report your concerns to staff.

- If you fear your safety or the safety of another resident, report your concerns to staff.

Dan Arendas

12/03/13

Dan Arendas, Assistant Director

The Following Agencies Offer Victim Support

- The Crisis Center
101 N. Montgomery Street
Gary, IN 46403
Crisis Hotline (800)-519-0469
Alternate Crisis Hotline (219)938-9000

Child **Date**

Witness **Date**

Parent/Guardian **Date**

1. Child:
2. Address:
3. Child's social security number:
4. Parent/guardian responsible for payment:
5. Emergency telephone numbers:
6. Family Doctor:
7. Dentist:
8. Height: Weight:
9. Insurance group number:
10. If Medicaid, please list Medicaid number:
11. Caseworker's name:

HEALTH INQUIRY

(Inform juvenile of their right to medical care. Inform juvenile how to access care: availability of medical/nursing services, report to DO, directly to nurses, intake, supervisor, grievance)

12. Does child have any INJURIES OR EVER BEEN HOSPITALIZED?
13. Has the child ever received PSYCHIATRIC treatment (INCLUDING HOMICIDAL AND/OR SUICIDAL IDEATION)?
14. Do you have a history of chronic illness or serious infectious or communicable disease? If so, list symptoms:
15. Do you have any current illness or health problems, including infectious or communicable diseases? If so, list symptoms and treatment:
16. Do you have a sore throat, fever, infection or anything contagious? Are you carrying any medication? If so, what list?
17. Are you on any medication that you should be given here? If so, what?
18. Do you have any allergies to food, insect stings/bites, medications (drugs), flowers, animals or anything else?
19. Are you on a special diet? If so, list type and doctor if applicable:
20. Have you fainted or had a head injury recently? If so, explain:
21. Do you have any cuts or scrapes? If so where?
22. Do you have skin sensitivity to any creams, lotions, soaps, or anything applied to the skin? If so, what?
23. Does the child have any past or present INFECTIOUS or COMMUNICABLE DISEASES (STD, TB, Strep Throat, Measles, Mumps, Chicken Pox, Lice/Crabs). DO YOU HAVE A RASH or ITCHING?

24. Do you have any spots from trauma marks, bruises, jaundice, needle marks, or drug use? If so, where?
25. Do you have STD's or abnormal discharge?
26. Have you used alcohol or drugs recently? If so, list the type, mode of use, amount, and frequency of use, date or time of last use, history of convulsions or other problems after ceasing.
27. Have you ever thought about hurting yourself?
28. Have you ever thought about killing yourself?
29. Have you ever attempted suicide? Give details:
30. Are you considering suicide now? If so, have you thought about how? Give details of plan:
31. Past Prescriptions or Hospitalization due to Mental Health Issues or Suicide Attempts? Details:
32. Do you have any other medical problems?
 - Dental:
 - Hearing:
 - Speech:
 - Vision: (If wearing glasses are they being worn by the child or placed in property?)
33. Has the child traveled outside of the United States within the last month? If so where?
34. FEMALES:

OBSERVATIONS

35. Trouble staying awake and alert and focusing on questions?
36. Flat affect, poor eye contact, disoriented, mentally confused?
37. Disheveled appearance, dirty, unkempt?
38. Unable to follow instructions, defiant, uncooperative?
39. Tremors, shaking of extremities and/or head?
40. Symptoms, including: nausea, cramping, extreme perspiration, constricted or dilated pupils?
41. Serious impairment of body deformities, physical functions such as: difficulty walking, standing, sitting, talking, or sleepiness?
42. Obvious bleeding or other symptoms suggesting the need for emergency medical treatment?
43. Signs of injury or illness needing medical care?
44. Dizziness, exaggerated emotions or slurred speech?
45. Odor of alcohol?
46. Rash or signs of head lice, crab lice, body lice, scabies or other infestations?
47. Behavior suggesting the risk of violence?

48. Was juvenile cleared for general population?

49. Additional Information (Include all directives from the Nurse):

PARENTAL OR GUARDIAN CONSENT

It, hereby give my consent to the Lake County Juvenile Center to obtain medical and/or dental consultation and/or treatment as needed for the above said child for the duration of his/her confinement in this facility. I also hereby hold harmless the Juvenile Center staff, including, but not limited to the nurse, physician, dentist and psychologist from any suit which might arise from any treatment thereof. Please be advised that the parent and/or legal guardian of above said child are responsible for any financial obligation which results from any extraordinary medical and/or dental consultations or treatment given in this facility or any medical and/or dental facility as needed for the above said child. I further hold the Lake County Juvenile Center and its staff harmless from any suit that may arise as the result of my child's use of the recreational equipment and facilities.

Parent/guardian/custodian	Date	Witness	Date
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**LAKE COUNTY JUVENILE DETENTION CENTER
RESIDENT MEDICAL INFORMATION**

CHILD'S FULL NAME: _____

AGE: _____ **D.O.B.:** _____ **RACE:** _____ **SEX:** _____

REASON FOR DETENTION: _____

LIST ANY CURRENT HEALTH PROBLEMS: _____

LIST ANY PAST HEALTH PROBLEMS: _____

ARE THERE ANY KNOWN ALLERGIES? _____

IS ANY MEDICATION BEING GIVEN AT PRESENT TIME? _____

DATE: _____

LAKE COUNTY SUPERIOR COURT

Juvenile Division
3000 W. 93rd Avenue
Crown Point, IN 46307
Phone: (219) 660-6900

RE:

ADMISSION:

INITIAL INTAKE RISK ASSESSMENT FORM

	No	Yes	Comments	
1. Does the child have a HISTORY of suicide attempts?				
2. Does the child admit to CURRENT suicidal ideation while in detention?				
3. Does the child admit to CURRENT suicidal intent/plan?				
4. Does the child have a HISTORY of disciplinary record for violent/aggressive behavior?				
5. Does the child have a CURRENT charge for violent/aggressive behavior?				
6. Has child ever been physically and/or sexually abused?				
7. Does the child have a HISTORY of sexually offending another person (Review/record)				
8. Has the child ever been bullied?				
9. Does the child have a physical, mental or emotional inability to physically protect themselves?				
10. Does the child have questions/special concerns about being in detention?				
11. Does the child identify as LGBPTTQQIIA (lesbian, gay, bisexual, parasexual, transgender, transsexual, queer, questioning, intersex, intergender, or asexual) and whether the child may therefore be vulnerable to sexual abuse?				
12. Is there specific information about the child that may indicate heightened needs for supervision, additional safety				

precautions, or separation from other residents?				
				TOTAL SCORE

Scoring

0-3	Low
4-6	Medium
7-12	High

Additional Comments:

If score is in the high range, place child on PSYCH15 or PSYCH10. Please fill out a Notice To Psychology Form.

#If child answers YES to questions #2 or #3 place child on Suicide Close or Suicide Constant and call psychology dept.

SUICIDE PRECAUTIONS:

Was the Therapist/Psychologist contacted regarding this child?

Was Child Protection Services (CPS) notified? (CPS Hotline 1-800-800-5556)

Intake Probation Officer

Date

MAYSI-2 Questionnaire

Name _____ Male Female

Date of Birth _____ Today's Date _____

These are some questions about things that sometime happen to people. For each question, please circle YES or NO to answer whether that question has been true for you IN THE PAST FEW MONTHS. Please answer these questions as well as you can.



Circle Y (yes) or N (no)

1. Have you had a lot of trouble falling asleep or staying asleep?	Y	N	1
2. Have you lost your temper easily, or had a "short fuse"?	Y	N	2
3. Have nervous or worried feelings kept you from doing things you want to do?	Y	N	3
4. Have you had a lot of problems concentrating or paying attention?	Y	N	4
5. Have you enjoyed fighting, or been "turned on" by fighting?	Y	N	5
6. Have you been easily upset?	Y	N	6
7. Have you thought a lot about getting back at someone you have been angry at?	Y	N	7
8. Have you been really jumpy or hyper?	Y	N	8
9. Have you seen things other people say are not really there?	Y	N	9
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y	N	10
11. Have you wished you were dead?	Y	N	11
12. Have you been daydreaming too much in school?	Y	N	12
13. Have you had too many bad moods?	Y	N	13
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?	Y	N	14
15. Have you felt too tired to have a good time?	Y	N	15
16. Have you felt like life was not worth living?	Y	N	16
17. Have you felt lonely too much of the time?	Y	N	17
18. Have you felt like hurting yourself?	Y	N	18
19. Have your parents or friends thought you drink too much?	Y	N	19
20. Have you heard voices other people can't hear?	Y	N	20
21. Has it seemed like some part of your body always hurts you?	Y	N	21
22. Have you felt like killing yourself?	Y	N	22
23. Have you gotten in trouble when you've been high or have been drinking?	Y	N	23
24. If yes, is this fighting?	Y	N	24

← ●

Circle Y (yes) or N (no)

25. Have other people been able to control your brain or your thoughts?	Y	N	25
26. Have you had a bad feeling that things don't seem real, like you're in a dream?	Y	N	26
When you have felt nervous or anxious:			
27. have you felt shaky?	Y	N	27
28. has your heart beat very fast?	Y	N	28
29. have you felt short of breath?	Y	N	29
30. have your hands felt clammy?	Y	N	30
31. has your stomach been upset?	Y	N	31
32. Have you been able to make other people do things just by thinking about it?	Y	N	32
33. Have you used alcohol or drugs to help you feel better?	Y	N	33
34. Have you felt that you don't have fun with your friends anymore?	Y	N	34
35. Have you felt angry a lot?	Y	N	35
36. Have you felt like you don't want to go to school anymore?	Y	N	36
37. Have you been drunk or high at school?	Y	N	37
38. Have you felt that you can't do anything right?	Y	N	38
39. Have you gotten frustrated a lot?	Y	N	39
40. Have you used alcohol and drugs at the same time?	Y	N	40
41. Has it been hard for you to feel close to people outside your family?	Y	N	41
42. When you have been mad, have you stayed mad for a long time?	Y	N	42
43. Have you had bad headaches?	Y	N	43
44. Have you hurt or broken something on purpose, just because you were mad?	Y	N	44
45. Have you been so drunk or high that you couldn't remember what happened?	Y	N	45
46. Have people talked about you a lot when you're not there?	Y	N	46
47. Have you given up hope for your life?	Y	N	47
48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	Y	N	48
49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	Y	N	49
50. Have you ever been raped, or been in danger of getting raped?	Y	N	50
51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	Y	N	51
52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	Y	N	52

Alternative MAYSI-2 Scoring Summary

1. Using the Scoring Key: Align left side of Scoring Key to right side of Page 1 of the MAYSI-2 Questionnaire. On the Scoring Key, circle all numbers of the items that the youth answered "Y." Place an X through all numbers of items for which youth did not provide an answer. Repeat for Page 2, aligning the right side of the Scoring Key just to the left of the Y/N columns on Page 2. Circle and make X's as described above. For each scale (e.g., AD), add the numbers of items in both columns that the youth has endorsed. Put the number of endorsed items from the left column before the addition sign for each scale, and the number of endorsed items from the right column after the addition sign for each scale. Add these numbers, and the sums are the scores for each scale.

2. For each scale, count the number of X's on both scoring columns. On the Scoring Profile below, put an X in the INVALID (INV) BOX to the right of that scale on the Profile if the number of X's:

Exceeds 2 for scales with 8 to 9 items
(AD, AI, DA)
Exceeds 1 for scales with 5 to 6 items
(SC, SI, TD, TE)

3. For each valid scale, refer back to the total that you calculated on the Scoring Key. Then, for each valid scale's total, circle the number on the Scoring Profile below.

4. If the circled number is in the CAUTION ZONE, the youth has scored higher on that scale than about two-thirds of youths in probation intake or secure pretrial detention or reception centers. If the circled number is in the WARNING ZONE, the youth has scored in the top 5% to 15% of justice system youths on that scale. Only about 1 in 10 youths score this high.

SCORING PROFILE

Name _____ Date _____

	CAUTION					WARNING				INV
AD Alcohol/Drug Use	0	1	2	3	4	5	6	7	8	
AI Angry-Irritable	0	1	2	3	4	5	6	7	8	9
DA Depressed-Anxious	0	1	2	3	4	5	6	7	8	9
SC Somatic Complaints	0	1	2	3	4	5	6			
SI Suicide Ideation	0	1	2	3	4	5				
TD Thought Disturbance (Boys)	0	1	2	3	4	5				
TE Traumatic Experiences	0	1	2	3	4	5				

**PROBATION OFFICER'S REPORT OF PRELIMINARY INQUIRY
 (IC 31-37-8-2)**

**STATE OF INDIANA
 _____ COURT
 JUVENILE DIVISION**

Date Prepared:
Case No:
In the Matter of:
(a child alleged to be a Delinquent Child)
Scheduled Court Date:
Report Prepared By:
Sources of Information:

Juvenile's Personal Information		
Legal Name:		
Alias(es)/Nickname(s):		
Custodial Person(s) or Agency:		
Street Address:		
City:	State: (Select One)	Zip:
SSN:	DOB:	Age:
Race:	Gender: (Select)	

JUVENILE'S CURRENT STATUS

Current Delinquent Act(s) Information	
CRIME OR CONDITION ALLEGED:	
Alleged Offense:	Date Committed:
I.C.:	Class (if committed by an adult) (Select)
Alleged Offense:	Date Committed:
I.C.:	Class (if committed by an adult) (Select)
Referring Agency:	
Custody Status:	
Co-Offender(s) Status/Case No:	
PARTICULARS OF:	

Detention Information		
Was the youth detained? (Select One)		
If "yes",	Date:	Time:
	Location:	
Reason for detention:		
<input type="checkbox"/> Unlikely to Appear for subsequent hearings		
<input type="checkbox"/> Child has committed an act that would be an A or B Felony		
<input type="checkbox"/> Protection of the Child/Community		
<input type="checkbox"/> Parent or Guardian cannot be located or unable/unwilling to take custody		
<input type="checkbox"/> Child has reasonable basis for requesting to not be released		
Parent/Guardian notified of detention hearing (if applicable): (Select One)		
If unable to contact parent/guardian, describe the attempts made:		

IV-E Findings Reasonable Efforts/Best Interests <i>(if youth was detained)</i>
Provide a description of services available before the removal of the child and the efforts made to provide these services:
Provide an explanation why these efforts did not prevent removal of the child:
Explain why these efforts were reasonable:
The safety of the child precludes the immediate use of family services to prevent removal of the child because:
It is in the best interests of the child to be removed from the home environment and remaining in the home would be contrary to the health and welfare of the child because:

JUVENILE'S BACKGROUND

Prior Legal History			
<u>Date of Referral</u>	<u>Charge(s)</u>	<u>Case No.</u>	<u>Disp. (Date/Type)</u>

Family Information		
Mother's Name:		
DOB:	Race:	
Marital Status:		
Address:		
City:	State: (Select One)	Zip:
Home Phone:	Alternate Phone:	
Employment:		
Known Criminal or DCS History:		

Father's Name:		
DOB:	Race:	
Marital Status:		
Address:		
City:	State: (Select One)	Zip:
Home Phone:	Alternate Phone:	
Employment:		
Known Criminal or DCS History:		
Paternity Established: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA		
If yes:	<input type="checkbox"/> By paternity affidavit	
	<input type="checkbox"/> By marriage at birth of this child	
	<input type="checkbox"/> By court order	Court: Cause Number:

Other, if applicable:			
Relationship to child:			
DOB:		Race:	
Marital Status:			
Address:			
City:		State: (Select One)	Zip:
Home Phone:		Alternate Phone:	
Employment:			
Known Criminal or DCS History:			

Siblings:				
<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Address</u>	<u>Legal History (yes or no)</u>
				(Select One)
				(Select One)
				(Select One)
				(Select One)
				(Select One)

School Information	
School of the child's LEGAL SETTLEMENT (Home school district):	
School currently attending or last attended:	
Grade:	Status: (Select One)
Is the child classified as special education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School performance:	

Employment Information	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:
Other employment information:	

Health Information	
Physical Health Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, comments:	
Mental Health Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis/comments:	

Health Information
Prescribed medications: Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Substance Abuse Information
History of Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information:

EVALUATION & RECOMMENDATION

Evaluation/Summary

Recommendation			
Preliminary Inquiry Recommendation:			
<input type="checkbox"/> Dismissal	<input type="checkbox"/> Referral to other agency		
<input type="checkbox"/> Informal Adjustment	<input type="checkbox"/> Other		
<input type="checkbox"/> File Petition			
Custody recommendation:			
<input type="checkbox"/> Release to parent	<input type="checkbox"/> Release to Guardian	<input type="checkbox"/> Home Detention	
<input type="checkbox"/> Electronic Surveillance	<input type="checkbox"/> Shelter Care	<input type="checkbox"/> Detention Center	
<input type="checkbox"/> Other			
Comments:			
Recommendation if case proceeds to disposition:			

Permanency Plan <i>(if youth has been removed from the home or removal is being recommended)</i>	
Plan (If more than one plan is identified, list plan in order of preference):	
<input type="checkbox"/> Reunification	<input type="checkbox"/> Adoption
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Placement with a Fit and Willing Relative
<input type="checkbox"/> Another Planned Permanent Living Arrangement	
Estimated Date for Permanency Plan <i>(one year from date of Preliminary Inquiry)</i> :	
Permanency Plan Court Hearing due date <i>(one year from the date of removal)</i> :	
RECOMMENDED BY:	Juvenile Probation Officer

ADMISSION CARD—LAKE COUNTY DETENTION HOME

CROWN POINT, INDIANA

Name _____ Date _____ Time _____ A.M.
(Last) (Middle) (First) P.M.

Street _____ City _____ Phone _____

Race _____ Sex _____ Age _____ Birthdate _____ Birthplace _____

Grade _____ School _____ Religion _____ Church _____

Stepfather _____ Stepmother _____
 Father _____ Mother _____

Reason for Detention _____

Date _____ Time _____

Admitted by _____ Rec'd by _____
(Officer or Worker admitting child) (Intake Worker)

DATE IN	DATE OUT	TOTAL DAYS	DISPOSITION

If child left without permission, state time of leaving and time of returning _____

SS# _____ P.O. _____ CW _____

Released to _____ Destination _____

Date _____ Time _____ ^{A.M.}
_{P.M.} Order of _____

Released by _____ Signed _____

(Person receiving child)

Height _____ Weight _____ Build _____

Color Hair _____ Color Eyes _____

Distinguishing Marks or Scars _____

Medication _____ Last Menses _____

Coat _____

Further Remarks: