Approved: 8.08
Revised:

D-PI 3.05

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

STATE OF INDIANA
_____ COURT
JUVENILE DIVISION

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

JUVENILE INFORMATION				
Legal Name:				
Alias(es)/Nickname(s):				
Custodial Person(s) or Agency:				
Street Address:				
City:		State: (Select One)		Zip:
Telephone:				
SSN:	DOB:	Age:	Place of Birth:	
Race:	Gender: Female	Ht:	Wt:	
Eyes:	Hair:	Identifying Marks:		
Driver's Lic. No.:		State of Issue: (Select One)		Status:

JUVENILE'S CURRENT LEGAL STATUS	
☐ Chg(s) pending	☐ Probation
☐ Detention Order/Warrant(s)	☐ Pending Violation
☐ Diversion	☐ DCS Ward
☐ Informal Adjustment	☐ Residential Placement
☐ Parole	☐ Active in Adult System
☐ IDOC	☐ Other
☐ Hold for other jurisdiction	

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)
Alleged Offense:	Date Committed:
I.C.:	Class (if committed by an adult) (Select)
Referring Agency:	
Custody Status:	
Co-Offender(s)/Status:	
Case No.(s):	
(PARTICULARS OF: See attached probable cause affidavit)	

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

IV-E FINDINGS **REASONABLE EFFORTS/BEST INTERESTS** *(if youth was detained)*
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:

PRIOR LEGAL HISTORY			
Date of Referral	Charge(s)	Case No.	Disp. (Date/Type)

SCHOOL INFORMATION	
School of the child's LEGAL SETTLEMENT (Home school district):	
School currently attending or last attended:	
Grade:	Status: (Select One)
School performance:	
Special Education Classification: (Select One)	Special Education Placement: (Select One)
Date of last Individual Education Plan (IEP):	
Special accommodations: (Select One)	Explain:

EMPLOYMENT	
Present Employer:	Position:
Hours:	$/hr:
Past Employment:	

HEALTH INFORMATION
Physical Health:
Mental Health:
Prescribed medications:

SUBSTANCE ABUSE INFORMATION

FAMILY INFORMATION		
Mother's Name:		
Alias/Maiden Name:		
DOB:	Race:	
Marital Status:		
Address:		
City:	State: (Select One)	Zip:
Home Phone:	Work Phone:	
Employment:		
Known Criminal or DCS History:		
Father's Name:		
Alias:		
DOB:	Race:	
Marital Status:		
Address:		
City:	State: (Select One)	Zip:
Home Phone:	Work Phone:	
Employment:		
Known Criminal or DCS History:		
Paternity Established: (Select One)		
	☐ By paternity affidavit	
	☐ By marriage at birth of this child	
	☐ By court order	Court:	Cause Number:
Guardian:		
Alias/Maiden Name (if applicable):		
DOB:	Race:	
Marital Status:		
Address:		
City:	State: (Select One)	Zip:
Home Phone:	Work Phone:	
Employment:		
Known Criminal or DCS History:		

Other:		
Alias/Maiden Name:		
Relationship to child:		
DOB:	Race:	
Marital Status:		
Address:		
City:	State: (Select One)	Zip:
Home Phone:	Work Phone:	
Employment:		
Known Criminal or DCS History:		

Siblings:

Name	Relationship	Age	Address	Legal History (yes or no)
				(Select One)
				(Select One)
				(Select One)
				(Select One)
				(Select One)

SOCIAL ORIENTATION

EVALUATION/SUMMARY

ADDITIONAL INFORMATION

RECOMMENDATION AND REASONING			
Preliminary Inquiry Recommendation:			
	☐ Dismissal	☐ Referral to other agency	
	☐ Informal Adjustment	☐ Warning and release	
	☐ File Petition	☐ Other	
Reason for recommendation:			
Custody recommendation:			
	☐ Release to parent	☐ Release to Guardian	☐ Home Detention
	☐ Electronic Surveillance	☐ Shelter Care	☐ Detention Center
	☐ Other		
Comments:			
Recommendation if case proceeds to disposition:			

PERMANENCY PLAN
Chose from: Reunification; Adoption; Guardianship; Placement with a Fit and Willing Relative; or Another Planned Permanent Living Arrangement. If more than one plan is identified, list plan in order of preference. If the child is 16 years or older, include a written description of programs and services which help such child prepare for the transition to foster care to independent living; or describe why such plan is not appropriate.
Plan:
Estimate Date for Permanency Plan:
Date of Permanency Plan Court Hearing:

APPROVED BY:	RECOMMENDED BY:
Chief Juvenile Probation Officer _____ Court	Juvenile Probation Officer _____ Court