

LEELANAU COUNTY FAMILY COURT SOCIAL HISTORY FORM

DATE: _____

JUVENILE'S INFORMATION

JUVENILE'S FULL LEGAL NAME (First name, Middle initial, Last name)					
PHYSICAL STREET & MAILING ADDRESS			CITY, STATE, ZIP CODE		
CELL PHONE#	HOME PHONE #		WORK PHONE #		
EMAIL ADDRESS	SOCIAL SECURITY #		DATE OF BIRTH	CURRENT AGE	
STATE/COUNTY OF BIRTH			WHERE ELSE HAS JUVENILE LIVED?		
DRIVER'S LICENSE # OR DRIVER'S PERMIT #					
RESIDES WITH			HEALTH INSURANCE COMPANY AND ENROLLE ID#		
TRIBAL MEMBER?	TRIBAL NAME		TRIBAL MEMBER #		
SEX	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	RACE
PREVIOUS OR OTHER COURT INVOLVEMENT		OFFENSE	WHEN/WHERE		

BIOLOGICAL FATHER / ADOPTIVE FATHER

FATHER'S FULL LEGAL NAME (First name, Middle initial, Last name)					
PHYSICAL STREET & MAILING ADDRESS			CITY, STATE, ZIP CODE		
CELL PHONE#	HOME PHONE #		WORK PHONE #		
EMAIL ADDRESS	SOCIAL SECURITY #		DATE OF BIRTH		
CONTACT WITH JUVENILE	DAILY	WEEKLY	MONTHLY	OTHER	
EMPLOYER NAME	EMPLOYER PHONE#		EMPLOYMENT OCCUPATION		
EMPLOYER ADDRESS			EMPLOYER EMAIL ADDRESS		
WORK DAYS/HOURS		EDUCATIONAL LEVEL		MILITARY BRANCH	
DRIVER'S LICENSE	TRIBAL MEMBER	TRIBAL NAME	TRIBAL MEMBER #		
HEALTH CONCERNS					
SEX	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	RACE
COURT INVOLVEMENT					

BIOLOGICAL MOTHER / ADOPTIVE MOTHER

MOTHER'S FULL LEGAL NAME (First name, Middle initial, Last name)					
PHYSICAL & MAILING ADDRESS			CITY, STATE, ZIP CODE		
CELL PHONE#	HOME PHONE #		WORK PHONE #		
EMAIL ADDRESS	SOCIAL SECURITY #		DATE OF BIRTH		
CONTACT WITH JUVENILE	DAILY	WEEKLY	MONTHLY	OTHER	
EMPLOYER NAME	EMPLOYER PHONE #		EMPLOYMENT OCCUPATION		
WORK DAYS/HOURS	EDUCATIONAL LEVEL		MILITARY BRANCH		
EMPLOYER ADDRESS		EMPLOYEE EMAIL ADDRESS			
DRIVER'S LICENSE #	TRIBAL MEMBER	TRIBAL NAME	TRIBAL MEMBER #		
HEALTH CONCERNS					
SEX	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	RACE
COURT INVOLVEMENT					

JUVENILE'S PARENTS' HISTORY

STATUS OF RELATIONSHIP					
	MARRIED	DATING	OTHER		
DATE OF MARRIAGE	COUNTY / STATE				
DATE OF DIVORCE	FILE NO.	FRIEND OF THE COURT WORKER		COUNTY/STATE	
MOTHER: DATE OF REMARRIAGE	DATE OF 2 ND DIVORCE				
FATHER: DATE OF REMARRIAGE:	DATE OF 2 ND DIVORCE				

STEP FATHER OR OTHER

STEP-FATHER OR OTHER FULL LEGAL NAME(First name, Middle initial, Last name)					
PHYSICAL STREET & MAILING ADDRESS			CITY, STATE, ZIP CODE		
CELL PHONE #	HOME PHONE #		WORK PHONE #		
EMAIL ADDRESS	SOCIAL SECURITY #		DATE OF BIRTH		
CONTACT WITH JUVENILE	DAILY	WEEKLY	MONTHLY	OTHER	

EMPLOYER NAME		EMPLOYER PHONE #	EMPLOYMENT OCCUPATION		
WORK DAYS / HOURS		EDUCATIONAL LEVEL		MILITARY BRANCH	
EMPLOYER ADDRESS			EMPLOYER EMAIL ADDRESS		
DRIVER'S LICENSE	TRIBAL MEMBER	TRIBAL NAME	TRIBAL MEMBER #		
HEALTH CONCERNS					
SEX	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	RACE
COURT INVOLVEMENT					

STEP MOTHER OR OTHER

STEP MOTHER OR OTHER FULL LEGAL NAME (First name, Middle initial, Last name)					
PHYSICAL STREET & MAILING ADDRESS				CITY, STATE, ZIP CODE	
CELL PHONE #		HOME PHONE #	WORK PHONE #		
EMAIL ADDRESS		SOCIAL SECURITY #	DATE OF BIRTH		
CONTACT WITH JUVENILE:	DAILY	WEEKLY	MONTHLY	OTHER	
EMPLOYER		EMPLOYMENT OCCUPATION			
WORK DAYS/HOURS		EDUCATIONAL LEVEL		MILITARY BRANCH	
EMPLOYEE ADDRESS			EMPLOYEE EMAIL ADDRESS		
DRIVER'S LICENSE	TRIBAL MEMBER	TRIBAL NAME	TRIBAL MEMBER #		
HEALTH CONCERNS					
SEX	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	RACE
COURT INVOLVEMENT					

SIBLING OF THE JUVENILE

ADOPTIVE	STEP	HALF	OTHER	BIOLOGICAL PARENT (S)	
FULL LEGAL NAME				MALE	FEMALE
DATE OF BIRTH	AGE	LIVING WITH JUVENILE		CITY STATE OF RESIDENCE	
EDUCATIONAL LEVEL		SCHOOL	GRADE LEVEL		
EMPLOYMENT OCCUPATION			MILITARY BRANCH	MARRIED?	DIVORCED?

CHILDREN? # & AGES
COURT INVOLVEMENT

SIBLING OF THE JUVENILE

ADOPTIVE	STEP	HALF	OTHER	BIOLOGICAL PARENT(S)
FULL LEGAL NAME				MALE FEMALE
DATE OF BIRTH	AGE	LIVING WITH JUVENILE	CITY STATE OF RESIDENCE	
EDUCATIONAL LEVEL		SCHOOL	GRADE LEVEL	
EMPLOYMENT OCCUPATION			MILITARY BRANCH	MARRIED? DIVORCED?
CHILDREN? # & AGES				
COURT INVOLVEMENT				

SIBLING OF THE JUVENILE

ADOPTIVE	STEP	HALF	OTHER	BIOLOGICAL PARENT(S)
FULL LEGAL NAME				MALE FEMALE
DATE OF BIRTH	AGE	LIVING WITH JUVENILE	CITY STATE OF RESIDENCE	
EDUCATIONAL LEVEL		SCHOOL	GRADE LEVEL	
EMPLOYMENT OCCUPATION			MILITARY BRANCH	MARRIED? DIVORCED?
CHILDREN? # & AGES				
COURT INVOLVEMENT				

CHILD SUPPORT

CHILD SUPPORT RECEIVED	YES	NO	AMOUNT	WHO PAYS CHILD SUPPORT	FOR WHICH CHILDREN	ARREARAGES
CHILD SUPPORT PAID	YES	NO	AMOUNT	WHO MAKE THE PAYMENTS	FOR WHICH CHILDREN	ARREARAGES

FINANCIAL BENEFITS

PLEASE INDICATE MONTHLY AMOUNTS RECEIVED AND WHO PAYS THE BENEFITS: <i>(Examples: Social Security, Veteran's Benefits, Unemployment Comp., Workman's Comp., Medicaid, Food Stamps, Cash Assistance)</i>	
AGENCY	MONTHLY AMOUNT
AGENCY	MONTHLY AMOUNT

OTHER PEOPLE LIVING IN YOUR HOME

FULL LEGAL NAME	RELATIONSHIP TO JUVENILE
FULL LEGAL NAME	RELATIONSHIP TO JUVENILE

ANOTHER ADULT INTERESTED IN THE JUVENILE (EMERGENCY INFORMATION)

FULL LEGAL NAME	RELATIONSHIP TO JUVENILE
ADDRESS	PHONE NUMBER(S)

HOME INFORMATION

OWN HOME	RENT HOME	NAME OF LANDLORD
TYPE OF RESIDENCE:	HOUSE APARTMENT TRAILER OTHER	
LENGTH OF TIME LIVED IN LEELANAU COUNTY	ANY FORMER ADDRESSES (LAST 5 YEARS) :	

RELIGION (OPTIONAL)

CHURCH PREFERENCE	FAMILY ATTEND TOGETHER	YES	NO	ATTEND:	REGULARLY	OCCASIONALLY	NEVER
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OTHER AGENCIES INVOLVED WITH THE FAMILY

PLEASE SPECIFY THE AGENCY, THE SERVICE PROVIDED, AND THE WORKER'S NAME. (Possible Agencies: Catholic Human Services, Community Mental Health, Pine Rest, Department Of Health And Human Services, Munson Drug & Alcohol Treatment Program, Child & Family Services, Individual/Private Counseling, Families First, Court Personnel (Probation Officers Or Prevention / Diversion Program, School Counselors)		
AGENCY	SERVICE PROVIDED	WORKER'S NAME
AGENCY	SERVICE PROVIDED	WORKER'S NAME
AGENCY	SERVICE PROVIDED	WORKER'S NAME
AGENCY	SERVICE PROVIDED	WORKER'S NAME

JUVENILE'S HEALTH HISTORY INFORMATION

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR LENGTH	COMPLEXION	GLASSES	BUILD
HEALTH	GOOD	FAIR	POOR	VISION IMPAIRED	SPEECH IMPAIRED	HEARING IMPAIRED	
BIRTH MARKS / DISTINGUISHING MARKS					PHYSICAL ACTIVITY RESTRICTIONS		
EMOTIONALLY IMPAIRED					LEARNING DISABLED		
DOCTOR	ACCIDENTS / HOSPITALIZATIONS				MEDICATIONS/PRESCRIPTIONS		
NORMAL BIRTH HISTORY	OR BIRTH DIFFICULTIES				AGE BEGAN WALKING	AGE BEGAN TALKING	

