

LEELANAU COUNTY FAMILY COURT SOCIAL HISTORY FORM

DATE: \_\_\_\_\_

JUVENILE'S INFORMATION

JUVENILE'S FULL LEGAL 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 #	
PREVIOUS OR OTHER COURT INVOLVEMENT	OFFENSE	WHEN/WHERE	

BIOLOGICAL FATHER / ADOPTIVE FATHER

FATHER'S FULL LEGAL 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	
TRIBAL MEMBER	TRIBAL NAME	TRIBAL MEMBER #		
HEALTH CONCERNS				
COURT INVOLVEMENT				

BIOLOGICAL MOTHER / ADOPTIVE MOTHER

MOTHER'S FULL LEGAL 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	EMPLOYMENT OCCUPATION			
WORK DAYS/HOURS	EDUCATIONAL LEVEL		MILITARY BRANCH	
TRIBAL MEMBER	TRIBAL NAME		TRIBAL MEMBER #	
HEALTH CONCERNS				
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 <sup>ND</sup> DIVORCE		
FATHER: DATE OF REMARRIAGE:	DATE OF 2 <sup>ND</sup> DIVORCE		

*STEP FATHER OR OTHER*

STEP-FATHER OR OTHER FULL LEGAL 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	
TRIBAL MEMBER	TRIBAL NAME		TRIBAL MEMBER #	
HEALTH CONCERNS				
COURT INVOLVEMENT				

*STEP MOTHER OR OTHER*

STEP MOTHER OR OTHER FULL LEGAL 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	
TRIBAL MEMBER	TRIBAL NAME		TRIBAL MEMBER #	
HEALTH CONCERNS				
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: (Examples: Social Security, Veteran's Benefits, Unemployment Comp., Workman's Comp., Medicaid, Food Stamps, Cash Assistance)

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)**

<b>CHURCH PREFERENCE</b>	<b>FAMILY ATTEND TOGETHER</b>	<b>YES</b>	<b>NO</b>	<b>ATTEND:</b>	<b>REGULARLY</b>	<b>OCCASIONALLY</b>	<b>NEVER</b>
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**OTHER AGENCIES INVOLVED WITH THE FAMILY**

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

**JUVENILE'S HEALTH HISTORY INFORMATION**

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

**ADDITIONAL INFORMATION ON JUVENILE**

PLEASE NOTE ANY RECENT PERSONALITY OR BEHAVIORIAL CHANGES	
ATTITUDE OF JUVENILE	FAMILY'S METHOD OF DISCIPLINE
JUVENILE'S EMPLOYMENT HISTORY WHERE	
HIRE DATE	

**JUVENILE'S SCHOOL INFORMATION**

SCHOOL NAME OR ON LINE SCHOOL INFORMATION			GRADE LEVEL	GRADE POINT AVERAGE
PRINCIPAL'S NAME		COUNSELOR'S NAME		
ACADEMIC PERFORMANCE				
HOURLY	CLASS	GRADE	HOURLY	CLASS
<b>PROBLEMS AT SCHOOL</b> <i>(EX: TARDIES, UNEXCUSED ABSENCES, TRUANCY, SUSPENSIONS, EXPLUSIONS, AFTER SCHOOL DETENTION, SATURDAY SCHOOL)</i>				
WHAT IS/WAS THE ISSUE	HOW FREQUENT	WHY		
WHAT IS/WAS THE ISSUE	HOW FREQUENT	WHY		
WHAT IS/WAS THE ISSUE	HOW FREQUENT	WHY		
SCHOOL ACTIVITIES				
SCHOOL ACTIVITIES				
PREVIOUS ACADEMIC PERFORMANCE				
INDIVIDUAL EDUCATION PLAN (EAD)			DESCRIBE	