

Kendall County Court Services

Personal History

Please complete the following information for the MINOR (your son/daughter):

Minor's Legal Name (last, first, middle):		DOB:	
Nickname/Alias:			
Address:			
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home <input type="checkbox"/> Other (please explain):			
Phone (home)		Phone (cellular)	
Demographic Information			
Sex:	Race:	Height:	Weight:
Hair Color:	Eye Color:	Tattoos:	
Household Members (Please list ALL people who live with the minor.)			
Legal Name	Date of Birth	Relationship to Minor	
Previous Addresses (list all previous addresses the minor has resided at for the past ten years and approximate dates of residence):			
Dates	Address		

MINOR'S FAMILY'S INFORMATION

Please complete the following information for the MINOR (your son/daughter):

Mother: (last, first, middle):
Date of Birth:
Address:
Phone Number:
Father: (last, first, middle):
Date of Birth:
Address:
Phone Number:
Step Mother: (last, first, middle):
Date of Birth:
Address:
Phone Number:
Step Father: (last, first, middle):
Date of Birth:
Address:
Phone Number:

Siblings (Please list the names of the minor's siblings, if not listed under **Household Members** section):

Full Legal Name	Date of Birth	

Children (Please list the names of the MINOR'S children, if any):

Full Legal Name	Date of Birth	Lives with Client? (yes or no)

Marital Status of the MINOR (single, live in partner, divorced, etc): _____

Legal Guardian/Custodian of the MINOR (if other than BOTH biological parents:

Dates	Legal Guardian(s)	Legal Custodian(s)

EDUCATION

Please complete the following information for the MINOR (your son/daughter):

Current School Status

Status	School	Last Grade Completed
<input type="checkbox"/> Enrolled FT <input type="checkbox"/> Enrolled PT <input type="checkbox"/> Dropped Out <input type="checkbox"/> Expelled <input type="checkbox"/> Graduated/GED [date _____] <input type="checkbox"/> Not Enrolled		

School Status at Time of Offense/Arrest/Incident

Same as above

Status	School	Last Grade Completed
<input type="checkbox"/> Enrolled FT <input type="checkbox"/> Enrolled PT <input type="checkbox"/> Dropped Out <input type="checkbox"/> Expelled <input type="checkbox"/> Graduated/GED [date _____] <input type="checkbox"/> Not Enrolled		

Do you currently receive any special education services? Yes No

If so, what type? IEP 504 Plan Other*
 * _____

If so, what is your primary disability? Learning Behavioral/Emotional Other*
 * _____

Do you meet with a social worker at school on a regular basis? Yes No

If so, what is their name? _____

EMPLOYMENT

Please complete the following information for the MINOR (your son/daughter):

Has the MINOR ever been employed? YES NO

Employers (for the last 5 years)

Start Date	End Date	Status	Employer	Title/Job	Reason Left

If the MINOR is currently employed, what is his/her work schedule? _____

PERSONAL INFORMATION

Please complete the following information for the MINOR (your son/daughter):

Religion:		Town of Birth:	
State of Birth:		Country of Birth:	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:	
Has the MINOR ever been issued a FOID card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the MINOR ever been required to submit a DNA sample?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Status: <input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Revoked			
MINOR'S Driver's License Number:		MINOR'S Driver's License State:	
MINOR'S Driver's License Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Expired <input type="checkbox"/> Never Issued		MINOR'S Driver's License Class:	
Has MINOR ever been in a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When did they start gang involvement? _____		Stop? _____	
Gang Name:			

MEDICAL/MENTAL HEALTH

Please complete the following information for the MINOR (your son/daughter):

Does the MINOR currently have any MEDICAL PROBLEMS?

Yes (please list below)

No

Date Diagnosed	Medical Problem
Medications Prescribed:	
Allergies:	

Does the MINOR currently have any MENTAL HEALTH DIAGNOSES?

Yes (please list below)

No

Date Diagnosed	Description of Diagnosis
Medications Prescribed:	

Is the MINOR currently engaged in any MENTAL HEALTH counseling or therapy?

Yes (please list below)

No

Counseling Agency	Counselor Name

Has the MINOR ever been hospitalized for MENTAL HEALTH CONCERNS?

Yes (please list below)

No

Hospital/Treatment Facility	Date Admitted	Length of Stay	Reason for Stay

Is there a history of mental illness in the MINOR'S family?

Yes (please list below)

No

If so, please explain:

Substance Use

Please complete the following information for the MINOR (your son/daughter):

Does the MINOR currently use any illicit drugs or alcohol? YES NO

If so, please provide the following information:

Substance Used	Age of First Use	Last Date of Use	Frequency of Use

Is the MINOR currently engaged in any SUBSTANCE ABUSE counseling or therapy? Yes (please list below) No

Counseling Agency	Counselor Name

Has the MINOR ever been hospitalized for SUBSTANCE ABUSE concerns? Yes (please list below) No

Hospital/Treatment Facility	Date Admitted	Length of Stay	Reason for Stay

Is there a history of substance abuse in the MINOR'S family? Yes (please list below) No

If so, please explain:

Miscellaneous

Please provide any other information you feel is relevant regarding the MINOR:
