



## KENDALL COUNTY COURT SERVICES

807 W. John Street  
Yorkville, IL 60560

Circuit Court for the 23<sup>rd</sup> Judicial Circuit

P 630-553-4180  
F 630-553-4120

Dear Parents:

Kendall County Court Services has been ordered by the court to complete a Social History Investigation for your child. The purpose of this report is to provide the court with information regarding your child, so the court can make an informed decision regarding sentencing.

During the investigation process, you will be asked to provide information regarding all aspects of your child's life including, but not limited to: history of delinquency; substance use; academic performance; family interaction history; mental health status and medical status. The Probation Department will attempt to verify all information provided by requesting all available records regarding your child. You will be expected to sign releases of information, so that these records can be obtained.

In an effort to streamline the interview portion of the Social History Investigation, please complete the attached Personal History Form and Parent Questionnaire and have your child complete the Juvenile Questionnaire in its entirety and return it to the probation officer at your appointment. If any of the questions do not pertain to your son or daughter, please note this on the form. If you do not understand a question, please leave it blank and ask the probation officer for clarification at your appointment.

Please only answer offense specific questions (Legal History Section) for those offenses to which your child has pled guilty to or been found guilty of. If answered prior to disposition, this information could be used against your child in court.

Thank you for your cooperation.

Kendall County Court Services  
Juvenile Division



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**Parental Questionnaire**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**LEGAL HISTORY**

**1. Regarding your child's Offense:**

a. How do you feel about your child's involvement in the offense(s) for which your child is involved in court?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. What were some of the consequences you set for your child at home as a result of their offense?

\_\_\_\_\_  
\_\_\_\_\_

c. In what ways could your child compensate the victim/community for his/her offense?

\_\_\_\_\_  
\_\_\_\_\_

d. What do you think an appropriate consequence should be for your child's actions?

\_\_\_\_\_  
\_\_\_\_\_

e. What steps (if any) have you already taken with your child to repair the harm done or to make sure this behavior will not happen again?

\_\_\_\_\_  
\_\_\_\_\_

**2. Prior/Current Police Contacts:**

a. Have you had any prior police contacts other than child traffic incidents? \_\_\_\_\_.

i. If yes, when and with what Police Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Are you currently under the supervision of any court or jurisdiction? \_\_\_\_\_.

i. In yes, when, with what Police Department, and what is the sentence?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Has your family ever been involved with DCFS? \_\_\_\_\_.**

a. If yes, when and what was the situation?

\_\_\_\_\_  
\_\_\_\_\_

b. Was it Founded or Unfounded? \_\_\_\_\_.

**FAMILY:**

**1. How would you describe your relationship with your child?**

- a. Mother: \_\_\_\_\_  
\_\_\_\_\_
- b. Father: \_\_\_\_\_  
\_\_\_\_\_

**2. Describe your relationship with each other (mother to father).**

\_\_\_\_\_  
\_\_\_\_\_

**3. How would you describe child's relationship with their siblings?**

\_\_\_\_\_  
\_\_\_\_\_

**4. Who do you believe your child feels closest to in your family and why?**

\_\_\_\_\_

**5. Can you give me an example of a recent time when you encouraged your child to learn or try something new or helped them overcome an obstacle?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. How have your child's actions impacted your family?**

- a. Mother: \_\_\_\_\_  
\_\_\_\_\_
- b. Father: \_\_\_\_\_  
\_\_\_\_\_

**7. Are there any current conflicts at home that you think are affecting the family?**

\_\_\_\_\_  
\_\_\_\_\_

**8. What are some of the rules that your child has to follow at home?**

\_\_\_\_\_  
\_\_\_\_\_

**9. When conflicts arise at home, how do they typically get resolved?**

\_\_\_\_\_  
\_\_\_\_\_

**10. How does your child typically handle it when he/she becomes frustrated?**

\_\_\_\_\_  
\_\_\_\_\_

**11. What happens when your child does not follow the rules?**

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a. Does your child follow consequences handed down by you regularly? \_\_\_\_\_

**12. How do you acknowledge when your child does well?**

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**13. What kinds of activities does your family do together?**

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a. How often does this occur (daily, weekly, monthly)? \_\_\_\_\_

**14. Has your child ever run away from home? \_\_\_\_\_**

- a. If yes, how many times? \_\_\_\_\_
- b. How long did he/she stay away when they ran? \_\_\_\_\_
- c. What was the situation that made them feel like they had to run away?  
\_\_\_\_\_

d. Have you ever kicked your child out of the home? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

**1. What school does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_**

- a. Regular, Special Education, or Honors Program (Circle One)
- b. If they have an IEP, What is his/her IEP for?  
\_\_\_\_\_  
\_\_\_\_\_

**2. Does your child like his/her school? Why or why not?**  
\_\_\_\_\_  
\_\_\_\_\_

**3. What are your child's current grades?**  
\_\_\_\_\_  
\_\_\_\_\_

**4. In the past 12 months, has your child's grades and issues at school improved, stayed the same or gotten worse?  
Please explain.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your child have any behavioral or disciplinary issues at school?

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6. Is your child involved in any school or after school activities? If so, please explain.

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**ASSOCIATES AND INTERESTS:**

1. Who are your child's closest friends?

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2. How would you describe your child's closest friends?

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3. Do you approve of your son's/daughter's closest friends? Why or why not?

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4. Have you ever had any thoughts or concerns that your child may be involved with a street gang? If yes, please explain.

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**SUBSTANCE USE AND COUNSELING:**

1. Do you have any reason to suspect/believe that your child has ever used or may currently be using any illegal substances? Is yes, please explain.

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2. Does anyone in the family currently use drugs or alcohol, or have any history of substance abuse?

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3. Is your child currently involved in a substance abuse and/or counseling program? \_\_\_\_\_

a. If Yes:

i. Name of the Counselor: \_\_\_\_\_

ii. Counseling Agency: \_\_\_\_\_

iii. Date Started: \_\_\_\_\_

iv. How often do they attend? \_\_\_\_\_

v. What is the purpose of the counseling? \_\_\_\_\_

vi. What do you like/dislike about your child's experience?

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b. Prior Counseling (if yes, see below):

- i. Name of the Counselor: \_\_\_\_\_
- ii. Counseling Agency: \_\_\_\_\_
- iii. Date Started: \_\_\_\_\_
- iv. How often do they attend? \_\_\_\_\_
- v. What was the purpose of the counseling? \_\_\_\_\_
- vi. What do you like/dislike about your child's experience?  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you feel that your child is in need of any counseling services at this time? If yes, why?

\_\_\_\_\_  
\_\_\_\_\_

**HOSPITALIZATION AND EMOTIONAL HISTORY:**

1. Has your child ever been hospitalized for any psychiatric reason or received any mental health services? \_\_\_\_\_

a. If yes (if more than once, please write others on the back of the page):

- i. Name of the Hospital: \_\_\_\_\_
- ii. Reason for the Hospitalization: \_\_\_\_\_
- iii. Dates Hospitalized: \_\_\_\_\_
- iv. Diagnosis, if any: \_\_\_\_\_
- v. Medications Prescribed: \_\_\_\_\_
- vi. What did you feel was gained from this experience?  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child ever been the victim of any form of abuse? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

3. Are you aware of any times when your child had desires to harm themselves or someone else? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

4. Is there a history of mental health issues by anyone in the family? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

5. If your child had significant behavioral changes during the time of their offense, what do you attribute those changes? (Change in school, home environment, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HEALTH:**

1. Do you have any health concerns (injuries/illnesses) that you believe we need to be aware of?

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2. Do you take any prescribed medications? If yes, please list.

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3. Does your child have any current health concerns (injuries/illnesses, or severe allergies)?

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1. Please list any medications that your child is taking. (Please list the name of the prescription and reason prescribed)

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**ADDITIONAL INFORMATION:**

1. Is there anything else that you think would be important for us to know about you and/or your family?

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