



KENDALL COUNTY COURT SERVICES

807 W. John Street
Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

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

Dear Minor:

You have been sentenced to a term of Supervision or Probation by the Kendall County Court. Part of this process is obtaining detailed and accurate personal history information and account of current and past circumstances.

The enclosed Personal History Form, Juvenile Questionnaire, and Parent Questionnaire must be completed in its entirety and returned at your first appointment with your Probation Officer. If any of the questions do not pertain to you, 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.

Thank you for your cooperation.

Kendall County Court Services

Juvenile Division



KENDALL COUNTY COURT SERVICES

807 W. John Street
Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

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

Juvenile Questionnaire

Name:

DOB:

LEGAL HISTORY

1. First Offense Information (ONLY WRITE ABOUT OFFENSES THAT YOU HAVE PLED GUILTY TO.)

a. What was your admitted offense? _____

b. Who were you with? _____

c. What was happening the day prior to you committing this offense?

d. Describe what you did:

e. What was the reason you decided to do this?

f. Were you under the influence of alcohol or any drug when you committed your offense? If yes, please explain.

g. How did you feel when the offense occurred?

h. If you could change anything about your offense what would it be?

i. What are your present feelings regarding your actions that day?

j. What do you believe your victim/community felt as a result of the offense? _____

k. What are your current feelings regarding the victim/community? _____

- i. What do you think an appropriate consequence should be for your actions? _____
_____.
- m. How (if at all) do you think this action has impacted your future? _____
_____.
- n. What Steps (if any) have you taken to repair the harm done or to make sure that this behavior will not happen again?

_____.

2. Second Offense Information

- a. What was your admitted offense? _____
- b. Who were you with? _____
- c. What was happening the day prior to you committing this offense?

_____.
- d. Describe what you did:

_____.
- e. What was the reason you decided to do this?

_____.
- f. Were you under the influence of alcohol or any drug when you committed your offense? If yes, please explain.

_____.
- g. How did you feel when the offense occurred?

_____.
- h. If you could change anything about our offense, what would it be?

_____.
- i. What are your present feelings regarding your actions that day?

_____.
- j. What do you believe your victim/community felt as a result of the offense? _____
_____.
- k. What are your current feelings regarding the victim/community? _____
_____.

Kendall County Court Services Juvenile Questionnaire
897 W. Delaware Street, Yorkville, IL 60562 — Phone (630) 553-4180

l. What do you think an appropriate consequence should be for your actions? _____
_____.

m. How (if at all) do you think this action has impacted your future? _____
_____.

n. What Steps (if any) have you taken to repair the harm done or to make sure that this behavior will not happen again?

_____.

***** If there are any more admitted offenses, write on the back of this form****

3. Prior/Current Police Contacts:

a. Have you ever had any police contacts prior to this arrest? _____
i. If yes: List the date, what the contact was for, and which Police Department?

_____.

b. Have you had any police contacts since this arrest? _____
i. If yes, When and with what Police Department?

_____.

4. Have you 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:
 - a. Mother: _____
 - b. Father: _____
2. Describe your parent's relationship with each other.

3. How would you describe your relationship with your siblings? _____

4. Who do you feel close to in your family and why? _____

5. How have your actions impacted your family? _____

6. What are some of the rules (chores, responsibilities, curfew) that you have to follow at home?

7. What happens if you do not follow the rules at home? _____

 - a. Do you follow your consequences if you break the rules? _____
8. When conflicts arise at home, how to they typically get resolved? _____

9. When was the last time you broke the rules at home? _____
 - a. What happened? _____

10. What kinds of activities does your family do together? _____

 - a. How often does this occur (daily, weekly, monthly)? _____
11. Has anyone in your family ever been arrested? _____
 - a. If yes, who was it and when? _____

12. Give me an example of something that happens at home that frustrates you.

13. How do you handle or express your frustration?

14. Have you ever run away from home? _____
 - a. If yes, how many times? _____
 - b. How long did you stay away when you ran away? _____
 - c. What was the situation that made you feel like you had to run away? _____

15. Have you ever been kicked out of your home by your parents? _____
a. If yes, what happened? _____
16. Do you feel that your family should be in counseling? If yes, please explain. _____

EDUCATION

1. What school do you attend? _____ Grade: _____
a. Regular, Special Education, or Honor's Program (Circle One)
b. If you have an IEP, what is your IEP for?

2. How do you feel about school? _____

3. How do you feel about your teachers and staff at school? Please also list any teachers you feel are supportive to you.

4. What are your current grades at school?

5. How is your attendance at school? _____
6. Have you had any disciplinary issues at school in the past school year? _____ If yes:
a. How many Detentions (approximately): _____
b. How many Suspensions (Approximately): _____
c. What are the reasons you are getting into detentions/suspensions at school?

7. Are you involved or interested in any school activities? If yes, please explain.

8. Have you received any honors or awards from school? _____
9. Do you plan to graduate high school? _____
10. What do you want to do after high school? _____

a. How can you accomplish these goals?

ASSOCIATES AND INTERESTS

1. Who are your closest friends and how old are they? _____

2. How would you describe your closest friends? _____

3. What types of things do you like to do with friends? _____

4. What are some of your favorite hobbies? _____

5. Are you a member of any community organizations? If yes, please explain.

6. Have you ever been employed? If so, state where, when employed, position, hours and wage.

7. Are you currently or have you been involved with any street gangs? If yes, please explain.

SUBSTANCE USE AND COUNSELING

1. Have you ever experimented with any drugs or alcohol, including vaping? If yes, please explain. _____

 - a. How old were you when you the first time you experimented with drugs/alcohol? _____
 - b. When was your last use of any illegal substance? _____
2. Do you believe you have an issue with drug or alcohol use? If yes, please explain.

3. Do any of your friends use drugs/ and or alcohol? If yes, please explain.

4. Has anyone in your family used/abused drugs and/or alcohol? If yes, please explain.

5. Are you currently involved in a substance use and/or abuse counseling program? _____
 - a. If yes:
 - i. Name of Counselor: _____
 - ii. Counseling Agency: _____
 - iii. Date Started: _____
 - iv. How often do you attend? _____
 - v. What is the purpose of the counseling? _____
 - vi. What do you like/dislike about this experience? _____

- b. Prior Counseling (if yes, see below):
 - i. Name of Counselor: _____
 - ii. Counseling Agency: _____
 - iii. Date Started: _____
 - iv. How often did you attend? _____
 - v. What was the purpose of the counseling? _____
 - vi. What did you like/dislike about this experience? _____

HOSPITALIZATION AND EMOTIONAL HISTORY

1. Have you ever been hospitalized for any psychiatric reasons or receive any mental health services? _____

- a. If yes (if more than once, please write others on the back of this page):
 - i. Name of Hospital: _____
 - ii. Reason for Hospitalization: _____
 - iii. Dates Hospitalized: _____
 - iv. Diagnosis if any: _____
 - v. Medications Prescribed: _____
 - vi. What did you like/dislike about this experience?

2. Have you ever gotten into a fight? If yes, please explain the situation surrounding the last fight you got in:

3. In what kinds of situations is it okay to yell at or hit someone?

4. Has yelling or hitting someone ever gotten you what you wanted? If, yes, please explain.

5. Describe a situation where you were faced with peer pressure and how responded.

6. Have you ever been the victim on abuse? If yes, please explain.

7. Have you ever been the victim of a crime? If yes, please explain.

8. Have you ever thought about harming yourself? If yes, please explain.

PERSONAL HEALTH

1. Do you have any health concerns (injuries/illnesses, or severe allergies)?

2. Do you take any prescribed medications? If yes, please list them. (Please list the name of the prescription and reason prescribed)

ADDITIONAL INFORMAITON

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