



BOUNDARY COUNTY COMMUNITY JUSTICE

P.O. Box 158, Bonners Ferry, ID 83805

Phone: (208) 267-7983

Fax: (208) 267-0933

## **Social History Packet**

### **❖ Juvenile Information**

Juvenile's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Do you receive mail at this address: YES \_\_\_\_\_ NO \_\_\_\_\_

IF No, please provide mailing address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Juvenile's Cell Phone: \_\_\_\_\_ Message: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Juvenile's Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Distinguishing Marks (scars, birthmarks, tattoos, body piercings); Please list type and body location:

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

Legal Custody of Juvenile: Mother Father Both Other, who? \_\_\_\_\_

Child Currently Living With? \_\_\_\_\_

### **❖ Biological Parent's Marital Status** Married Divorced Separated Never Married

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Preferred Method of Contact:** \_\_\_\_\_

**Employment:** \_\_\_\_\_ **Work:** Full Time Part Time

**Date of Birth:** \_\_\_\_\_



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**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Preferred Method of Contact:** \_\_\_\_\_

**Employment:** \_\_\_\_\_ **Work:** Full Time Part Time

**Date of Birth:** \_\_\_\_\_

❖ **IF Applicable, for either parent, please also provide;**

**Step-parent/Significant Other Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Employment:** \_\_\_\_\_ **Work:** Full Time Part Time

**Date of Birth:** \_\_\_\_\_

**Step-parent/Significant Other Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Employment:** \_\_\_\_\_ **Work:** Full Time Part Time

**Date of Birth:** \_\_\_\_\_

❖ **PRIOR AND CURRENT OFFENSES, AND ADJUDICATIONS**

Has your child ever been on probation before in any other states or counties? Y N

If so, what were the charges?

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❖ **FAMILY CIRCUMSTANCES:**

Please List **all individuals** currently living in the same home with the juvenile:

Name (First & Last)	DOB	SEX	Relationship to Juvenile

Please list any brothers or sisters to the juvenile **not currently** living in the home:

Name (First & Last)	DOB	SEX	Relationship to Juvenile (Full/Step/Half/Adopted) & Where do they live?

1. Tell me about your relationship with your child. Do you get along? Do you and your child fight?

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2. Is there a history of domestic violence in the home? Please describe.

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3. Does anyone in the immediate family have a criminal history; including probation, jail, or prison? Please describe.

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4. Describe your child's relationship with their Biological Mother &/Or Step-Mother.

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5. Describe your child's relationship with their Biological Father &/Or Step-Father.

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6. When you are not home, do you have an idea of where your child is? How does your child check in with you?

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7. What are some of the rules and expectations you have for your child?

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8. How well do you think your child follows the rules?

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9. When your child gets in trouble, how do you discipline? and how does your child respond?

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Do you ever use any type of physical punishment? Please circle: YES NO Explain:

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❖ **EDUCATION/EMPLOYMENT**

10. Describe your child's performance in school over the last year; including grades, attitude, and attendance.

Current School \_\_\_\_\_ Grade \_\_\_\_\_

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11. During the last school year has your child gotten in trouble at school? YES NO  
Explain what happened. Was your child suspended, and for how long?

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12. Does your child ever skip school? YES NO How often? \_\_\_\_\_

If so, Why? \_\_\_\_\_

13. Does your child have any significant problems with peers/friends?

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14. Do you feel like you have good communication with your child's teachers/school administration?

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What would they report about your child? (**Note:** we may contact the school for collateral information).

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15. What are your child's current grades?



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a. Are these typical grades for your child? YES NO

b. Is schoolwork hard for your child? YES NO If so, Why? \_\_\_\_\_

c. Do you think your child could do better?

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16. Is your child in any special classes at school? On an IEP? Has your child ever been diagnosed with ADHD, or a learning disability?

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17. What are your goals for your child's education? Career?

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18. Is your child currently working? YES NO Where? \_\_\_\_\_

For how many hours per week? \_\_\_\_\_ How long has your child been there? \_\_\_\_\_

Does your child have employment history? Please list previous employers.

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❖ PEER RELATIONS



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Please list juvenile's closest friends:

Name	Age	On Probation?
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N

19. Do you know your child's friends? Do you approve of your child's friends? Why or why not?

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20. Have any of your child's close friends ever been in trouble with the law? Please explain.

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a. Does your child or his/her friends claim gang affiliation? YES NO

b. If so, what gang? \_\_\_\_\_ How long has he/she been involved? \_\_\_\_\_

21. To your knowledge, do any of your child's friends use drugs or alcohol? Please explain.

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22. Do you have any other concerns about your child's friends?

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❖ **SUBSTANCE ABUSE**

23. Is there a history of substance abuse with any immediate family members? If so, please note who, what substances, and time frames.

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24. To your knowledge, has or does your child use drugs or alcohol? If so, what substances and how often?

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25. Do you feel like your child's use of alcohol or drugs has interfered in your child's functioning, as in relationships with parents, friends, with schoolwork, or caused your child physical problems?

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26. Why do you think your child drinks/uses drugs?



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27. Have you talked to your child about his/her use? Have you attempted any interventions?

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❖ **LEISURE/RECREATION**

28. Tell me about any clubs, groups, or organizations that your child is involved with.

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29. Does your child have any hobbies or things that really interest him/her? Are you able to participate in these activities with your child?

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❖ **PERSONALITY AND BEHAVIOR**

30. Describe your child's personality.



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31. Do you have concerns about your child's anger? Please describe.

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32. Does your child ever have trouble concentrating or focusing? YES NO IF So, Explain:

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33. Does your child give up easily when frustrated or angry, such as act impulsively, shut down, throw things, or flee the situation? YES NO Explain:

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34. Does your child have any physical health problems? YES NO If So, Explain:

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35. Has your child ever been the victim of physical or sexual abuse or neglect? YES NO  
Was the matter reported to the police? Was it prosecuted?

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36. Has your child ever been depressed for a long period of time? What caused this depression?  
Was your child hospitalized? If so, please list where and dates.

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37. Has your child ever attempted self-harm? Please describe. Is this a current concern?

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38. Does your child take medications for a mental health condition? What is the diagnosis? Please list  
medications and doctors overseeing medication management.

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39. Has your child experienced any other traumatic or significantly emotional events?

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❖ **ATTITUDES/ORIENTATIONS**

40. Has your child participated in any groups, counseling, or treatment? If so, please describe where, when, and why they were in counseling, groups, or treatment.

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41. Do you think that it helped? How? Would you like to see your child in counseling or treatment at this time? Why?

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42. What do you think will help your child stay out of trouble in the future? Is there anything specific you would like to see the Court order?

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❖ **END OF PACKET**



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*I certify that the above information is correct and accurate. I verify that all statements made in this document are true to the best of my knowledge, and that I have not knowingly falsified any information. I understand that the material provided in this document will be used by the Boundary County Probation Department to complete reports that may be provided to the Courts and/or the Prosecutor's Office.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**At the conclusion of my child's Social History Report I would like my copy; EMAILED MAILED**

\*\*\*\*Circle which method you would like, and then provide the following information;

**EMAILED:** Email to this Address: \_\_\_\_\_

**OR**

**MAILED:** Mail to this Address: \_\_\_\_\_