**HJDC Intake Form**

***(Fax to 276-466-7812)***

Date of Intake:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Juvenile’s Full Name: | | | | | |  | | | |  | | | | | |  | | | | | JTS#: | | |  | |
|  | | | | | | *Last* | | | | *First* | | | | | | *Middle* | | | | |  | | | | |
| Address: |  | | | | | | | | | | | |  | | | |  | | | | | |  | |  |
|  | *Street* | | | | | | | | | | | | *Apt./Unit #* | | | | *City* | | | | | | *State* | | *Zip* |
| Home Phone: | |  | | | | | | | Work Phone: | | | | | | | | |  | | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | | | | | |
| Insurance Provider: | | | | |  | | | | | | | Medication(s)? | | | | | | Yes | | | | | | | |
| Group/Policy #: | | | | |  | | | | | | |  | | | | | | No | | | | | | | |
| Prescription Policy #: | | | | |  | | | | | | |  | | | | | |  | | | | | | | |
|  | | |  | | | |  | | | | | | | | | | | |  | | | | | | |
| DOB: | | | Age: | | | | Sex:  Male  Female | | | | | | | | | | | | Ethnicity: | | | | | | |
|  |  | | | | | | | | | | | |  | | | |  | | | | | |  | |  |
| Juvenile’s Charge(s): | | | |  | | | | | | | | | | | | | ICN No.(s): | | | | |  | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | |  | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | |  | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | |  | | | |
|  |  | | | | | | | | | | | |  | | | |  | | | | | |  | |  |
| Probation Officer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Phone: | | |  | | | | | |
| Attorney: | | | | | | | | | | | | | | | | | Phone: | | |  | | | | | |
|  | | |  | | | | | | | |  | | | | | |  | | | | | |  | |  |
| Locality: | | | | | | | | | | | | Next Court Date: | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| If Post-Dispositional | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Days Sentenced: | | | | | | | | Release Date: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| To whom can the Juvenile be released at the end of sentence? | | | | | | | | | | | | | |  | | | | | | | | | | | |

**Additional Required Information**

* **The Detention Order.**
* **The Juvenile’s Alert Sheet.**
* **An Order or Petition stating number of days Juvenile is sentenced (if applicable).**
* **If a Juvenile is to be placed on Court ordered lockdown status, the HJDC will need the order to state that in writing, as well as whether or not the Juvenile will be allowed to attend/not attend school while at HJDC.**
* **Records of Court proceedings and any updated orders upon a Juvenile’s return to the HJDC from Court.**
* **A copy of the release order upon a Juvenile’s release from HJDC.**