

Cohort Site TCID Name DOB Race

Is This Child the Sibling of a Target Child? [Enter y for yes, n for no]

Does this child have a court record? [Enter y for yes, n for no, p for no permission available, or c for cannot find out if there is a record.]

Is the record from the juvenile court or the adult court? [Enter a for adult, or j for juvenile.]

Does the Target Child have an adjudication date? [Enter y for yes, n for no]

Date of adjudication [Enter MONTH, DAY & YEAR Using two-digit numbers for the MONTH and DAY and four digits for the YEAR]

Offenses adjudicated on that date: Enter one offense per line. [All continued cases should be included in the adjudication date in which they were sentenced If there are any Motion For Reviews which add conditions to probation include with original adjudication date.]

[Press the Enter key to record each entry. Enter none in the next available Offense Name if there are less than 10 offenses.]

[Dispositions: g = guilty, ng = not guilty, c = case dismissed (for Nashville only: include retired cases here.), d = diverted, p =postponed, or m = missing]

Offense Name	Crime Sum	Offense Type	Severity	Docket #	Date of Offense	Offense Reduced To	Offense Type	Severity	Disposition
1) [ ]	[ ]	[ ]	[ ]	[ ]	[ ] [ ] [ ]	[ ]	[ ]	[ ]	[ ]
2) [ ]	[ ]	[ ]	[ ]	[ ]	[ ] [ ] [ ]	[ ]	[ ]	[ ]	[ ]
3) [ ]	[ ]	[ ]	[ ]	[ ]	[ ] [ ] [ ]	[ ]	[ ]	[ ]	[ ]

	Offense Name	Crime Sum	Offense Type	Severity	Docket #	Date of Offense	Offense Reduced To	Offense Type	Severity	Disposition
4)										
5)										
6)										
7)										
8)										
9)										
10)										

Sentence [Check all that apply.]

- Sentence not available
- Probation [Enter the number of months and then press the Enter key.]   Not mentioned
- No driver's license till a specified age
- At-risk youth petition (a behavioral contract signed by parent, youth and court)
- Perform community service  # of Hrs:  # of Sessions:   
 [Enter the required information for each of these three boxes. Press the Enter key to record each entry.]
- Referral made to wilderness camp
- Cooperate with out-of-home placement (includes wilderness camps, group homes, foster placement)
- [I have checked all that apply on this page.]





- Cooperate with diversion programs (any short-term programs that may be court-ordered or not, that emphasize social skills, mentoring, anger management, judges expectations of probationers, etc.)
- Take a safety class (gun, motor vehicle, or alcohol)
- Family services (parent/family ordered to treatment, referral to family Reconciliation Services for evaluation/treatment, Multi-system therapy)
- Cooperate with drug assessment and treatment
- Cooperate with psychological assessment and treatment
- Cooperate with sexual offenders' treatment program
- Submit to random drug screening
- Take medication
- Have no contact with certain people or go to certain places (=injunction)
- Possess no firearm, explosive or other deadly weapon
- Possess or consume no alcoholic beverages or controlled substances
- Restitution paid in work, service or money
- Fine
- Write an essay or letter of apology
- Submit to warrantless searches and seizures at reasonable times
- Obey curfew
- [I have checked all that apply on this page.]



Alternatives to Detention Program or Community supervision (=house arrest when parent is at home; it involves 3x/wk personal contact with probation officer and 2 phone contacts/day; it is used instead of putting a child in a detention center). It could be accompanied by Electronic House Arrest, which involves an electronic device monitoring the juvenile's movements.

Stayed commitment to training school with probation (if youth breaks probation he will go directly to training school)

[If you check any of the next five boxes, additional information is requested. Type the information, then press the Enter key.]

Spend time in a detention facility. Name of facility:

Length of stay (min + max)

Commitment to a training school Name of facility:

Length of stay (min + max)

Jail Name of facility:

Length of stay (min + max)

Commitment to psychiatric hospital Name of facility:

Length of stay (min + max)

Other

[I have checked all that apply on this page.]

