



TUOLUMNE COUNTY PROBATION DEPARTMENT

465 South Washington Street, Sonora, CA 95370
TEL 209-533-7500 FAX 209-533-7564

Linda Downey
Chief Probation Officer

Dan Hawks
Assistant Chief Probation Officer

JUVENILE APPLICATION FOR PROBATION

You have been referred to the Probation Officer by the Juvenile Court for the preparation of a Social Report. Through this report, the Probation Officer makes a recommendation to the Juvenile Court as to what should be done to resolve your situation.

A Probation Officer will contact you to schedule a date and time to conduct an interview. It is required that the minor and at least one parent be present for the interview. Please allow up to ninety minutes for the interview.

Please complete this application prior to your interview with the Probation Officer. In addition, please be prepared to supply copies of the following documents:

- 1. The minor's Social Security Card
- 2. The minor's Birth Certificate
- 3. The minor's Immunization Record
- 4. The minor's Most Recent Report Card
- 5. Minor and Parent Statements

>>>> Completion of This Application Is Not Optional <<<<

MINOR'S INFORMATION:

Legal Name: _____

Other Names (AKA): _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Message Phone: _____

Age: _____ Ethnicity: _____ Sex: _____ Height: _____ Weight: _____

Hair color: _____ Eye Color: _____ Complexion: _____

Date of Birth: _____ Place of Birth: _____

CDL/CID No.: _____ Social Security No.: _____

School: _____ Grade: _____

Identifying Marks (Scars, Tattoos, Piercings, etc): _____

FAMILY INFORMATION:

Parent/Guardian Information:

Father's Name: _____

Other Names (AKA): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Address: _____

Telephone Numbers: _____

Social Security No.: _____ CDL/CID No.: _____

Education Level: _____ Occupation: _____

Race: _____ Hair: _____ Eye: _____ Weight: _____ Citizenship: _____

Mother's Name: _____

Other Names (AKA): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Address: _____

Telephone Numbers: _____

Social Security No.: _____ CDL/CID No.: _____

Education Level: _____ Occupation: _____

Race: _____ Hair: _____ Eye: _____ Weight: _____ Citizenship: _____

Step-Parent's Name: _____

Other Names (AKA): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Address: _____

Telephone Numbers: _____

Social Security No.: _____ CDL/CID No.: _____

Education Level: _____ Occupation: _____

Race: _____ Hair: _____ Eye: _____ Weight: _____ Citizenship: _____

Parent Marriage Information:

Father Married To: When/Where: Status: When/Where:

- 1.) _____
- 2.) _____
- 3.) _____

Mother Married To: When/Where: Status: When/Where:

- 1.) _____
- 2.) _____
- 3.) _____

Custody Information:

- 1.) Is **legal** and **physical** custody shared by both parents? YES NO
- 2.) If NO, who maintains legal custody?* Father Mother Other
- If NO, who maintains physical custody?* Father Mother Other

***Please provide documentation of custody status if applicable**

If you check "**other**", explain: _____

- 3.) If your parents are divorced and/or separated, which parent is **not** in your home?

Father Mother

Describe the frequency of contacts with the parent **not** in your home:

None Sporadic/Occasional Regular/Frequently

When did you last have contact with the parent **not** in your home? _____

Describe your relationship with the parent **not** in your home: _____

Sibling Information:

Sibling Name: _____ **Age:** _____ **Birthdate:** _____

Address: _____ Brother Sister

Occupation/School: _____ ½ Brother/Sister

Sibling Name: _____ **Age:** _____ **Birthdate:** _____

Address: _____ Brother Sister

Occupation/School: _____ ½ Brother/Sister

Sibling Name: _____ **Age:** _____ **Birthdate:** _____

Address: _____ Brother Sister

Occupation/School: _____ ½ Brother/Sister

Sibling Name: _____ **Age:** _____ **Birthdate:** _____

Address: _____ Brother Sister

Occupation/School: _____ ½ Brother/Sister

Familial Relations:

1.) Who currently lives in the home?

Father Mother Step-mother Step-father

Brother(s): How many? _____ Sister(s): How many? _____

Other relatives: Who? _____

2.) Describe the minor's relationship and/or conflicts with his/her parents/guardians:

3.) If there is a Step-parent in the home, describe the minor's relationship with that person:

4.) Describe the minor's relationship and/or conflicts with his/her siblings, including siblings not living in the home:

6.) Describe the minor's normal mood/behavior in the home:

Past Areas of Residence:

Dates: From/To:

With Whom:

Address:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

If there has been a period of time when the minor did not live in the family home, please explain when this occurred, where the minor lived, with whom the minor lived, and why the minor was not in the home: _____

Family Stressors:

Check the box next to any of the Family Stressors which may apply to your family; Explain the Family Stressors you checked in the space provided below:

- Domestic Violence Separation or Divorce Parental Desertion
 Custody Dispute Death of Family Member Physical or Mental Health Crisis
 Physical or Mental Disability Physical or Emotional Hospitalizations
 Physical or Emotional Abuse Neglect Molest Rape

Explain: _____

Has anyone in the family been the victim of/or witnessed a violent crime? YES NO
Has the minor ever been the victim of/or witnessed a violent crime? YES NO

If YES, explain: _____

Relative Information:

Relatives Able to Provide Care for the Minor if Necessary: (Required for case plan)

Name: _____ **Relationship:** _____

Address: _____

Telephone: _____ **Message Phone:** _____

Name: _____ **Relationship:** _____

Address: _____

Telephone: _____ **Message Phone:** _____

FAMILY'S FINANCIAL INFORMATION:

Monthly Income: _____

Source of Income: Work TANF SSI Child Support Welfare to Work

Other (explain): _____

Additional Income (explain): _____

Monthly Expenses: Food: _____ Transportation: _____ Utilities: _____

 Clothing: _____ Rent/Mortgage: _____ Debts: _____

Vehicles: Make: _____ Model: _____ Yr. ____ Value: \$ _____

 Make: _____ Model: _____ Yr. ____ Value: \$ _____

 Make: _____ Model: _____ Yr. ____ Value: \$ _____

Minor's Income: _____ Source: Work SSI Other (explain)

Does the minor have a Savings and/or Trust account? YES NO

If YES, what is the **value** and where is it **located**? _____

MINOR'S AND PARENT'S EMPLOYMENT INFORMATION:

Is the **minor** currently employed? YES NO

If employed, where are you employed and how long have you been employed? _____

If **not** employed, is the minor looking for work? YES NO

Are the minor's **parent's** employed? YES NO

If employed, where are they employed and how long have they been employed? _____

If **not** employed, explain:

MINOR AND PARENT MEDICAL/HEALTH INFORMATION:

Is the minor taking any prescription medications? YES NO

If YES, explain what they are and why they were prescribed: _____

Does the minor have any Chronic or Unusual medical conditions? YES NO

If YES, explain: _____

Does the minor have any of the medical concerns listed below?

Allergies Asthma Seizures Hepatitis HIV/AIDS

STD's Recent Injuries Recent Hospitalizations

If YES, explain: _____

Has the minor ever been diagnosed with any of the following?

ADD ADHD Bi-Polar Condition

If YES, explain when the minor was diagnosed, and who diagnosed the minor: _____

Explain any medical concerns regarding the minor's **parents/guardians**: _____

FAMILY COUNSELING AND PSYCHOLOGICAL INFORMATION:

Has the **minor** ever been involved in counseling? YES NO

Is the **minor** currently participating in counseling? YES NO

Explain any YES answers; include the name of the counselor: _____

Have the minor's **parents** ever been involved in counseling? YES NO

Are the minor's **parents** currently participating in counseling? YES NO

Explain any YES answers: _____

Has the minor ever had a psychological test of any kind? YES NO

If YES, explain when, where, what for, and with whom: _____

Check the psychological indicators listed below which may apply to the minor and explain:

Eating Problems Sleeping Problems Depression Hallucinations Self Abuse

Suicide Attempt Fire Setting Soiling/Bed Wetting Animal Cruelty

Explain: _____

Does the minor currently feel the need for counseling? YES NO

Will the minor willingly participate in counseling? YES NO

If NO, explain: _____

DRUG AND ALCOHOL USE:

Has the minor ever used alcohol or any illegal substance? YES NO

If YES, complete the following chart by checking the box next to the **substance used** and **frequency of use**. Indicate at what **age** the substance was **first used**, and when it was **last used**:

SUBSTANCE	FIRST USED	LAST USED	FREQUENCY OF USE*
<input type="checkbox"/> Alcohol			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Marijuana			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Methamphetamine			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Cocaine			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Heroin			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Ecstasy			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> LSD			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> PCP			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> GHB			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Barbiturates			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Mushrooms			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Inhalants			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental
<input type="checkbox"/> Prescription Pills			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> Experimental

* **Frequent** = weekly use. **Occasional** = one to two times per month. **Rare** = Once every month or every other month. **Experimental** = used only once or twice.

Is there a family history of substance abuse? YES NO

If YES, explain who, and what substances are used: _____

Parents, describe your use of alcohol and or drugs: _____

GANG INVOLVEMENT:

Does the minor or any family member claim any gang affiliation? YES NO

If YES, explain: _____

MINOR AND PARENT DELINQUENT AND/OR CRIMINAL HISTORY:

Minor's History:

Have you ever been granted Probation/Parole? YES NO

If YES, explain when, where, and why: _____

Are you currently on Probation? YES NO

If YES, explain when, where, and why: _____

Are there any other offenses pending against you at this time? YES NO

If YES, explain: _____

Parent's History:

Has any parent/step-parent been granted Probation/Parole? YES NO

If YES, explain which parent, when, where, and why: _____

Are there any charges pending against any parent at this time? YES NO

If YES, explain which parent and what charges are pending: _____

PARENT/GUARDIAN PRIOR CHILD WELFARE HISTORY:

Has either parent/guardian ever been the subject of any child abuse referrals made to Child Welfare Services? YES NO UNKNOWN

If YES, explain: _____

Have any of the family's children ever been removed from the home and placed in foster care or with a relative? YES NO

If YES, explain: _____

INDIAN CHILD WELFARE ACT:

Is the minor a registered member of a federally recognized tribe? YES NO

If YES, explain: _____

Is either parent a registered member of a federally recognized tribe? YES NO

If YES who? Mother Father

Please explain: _____

FAMILY STRENGTHS AND WEAKNESSES:

Please describe your family's strengths and weaknesses:

SERVICES AND RESOURCES:

Please describe services you believe may benefit your child and/or family:

MINOR'S FUTURE PLANS AND GOALS:

MINORS STATEMENT:

This is an opportunity to explain to the Court the reasons why this offense occurred and what actions you believe will help prevent future offenses. Your statement helps the Probation Officer and the Juvenile Court decide what the best course of action to be taken is at this time. Your statement will be included in the Social Report. You may use both sides of this page and/or attach additional pages if necessary.

PARENT'S STATEMENT:

This is an opportunity for you to explain to the Court your feelings about the offense any further information you believe is important, and what you believe can be done to prevent future offenses. Your statement helps the Probation Officer and the Juvenile Court decide what the best course of action to be taken is at this time. Your statement will be included in the Social Report. You may use both sides of this page and/or attach additional pages if necessary.



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**TUOLUMNE COUNTY PROBATION DEPARTMENT
RELEASE OF INFORMATION**

The following is a Release of Information for _____ (name).

I, hereby authorize the following agencies and their officers and employees to discuss any medical, social, educational, psychological information concerning me (or my minor child) with any other agency named below. I acknowledge the information that will be shared by any of the agencies listed below may be confidential and privileged and I expressly waive that confidentiality and privilege for any information shared by any of the agencies and officers and employees listed below.

This Release of Information will only be used to provide information to the Tuolumne County Superior Court and to help coordinate referrals, assessments and related services for me.

Using your initials, indicate which agencies you authorize to release information to the Tuolumne County Probation Department.

- ___ Tuolumne County Public Health
- ___ Counselor/therapists _____
- ___ Tuolumne County Mental Health/Substance Abuse Services
- ___ Victim Witness
- ___ Sonora Regional Medical Center
- ___ Physicians/Psychologists _____
- ___ Visiting Nurses Association
- ___ Tuolumne County Child Welfare Services
- ___ Infant Child Enrichment Services
- ___ Schools _____
- ___ Other _____
- ___ All agencies listed above

This release becomes effective on _____ (date), and may be revoked in writing by me at any time except to the extent that action has already been taken. My written revocation of this Release of Information form will be effective upon receipt of the written revocation. This release shall expire one year from the date written above, unless otherwise specifically stated. I understand I shall receive a copy of this authorization. A photocopy of this release is as valid as the original.

Participant's Signature

Date: _____

For a Minor: Parent or Guardian's signature

Date: _____



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Financial Disclosure

If your child is adjudicated of a misdemeanor or felony offense in Juvenile Court, you and/or your child are required to pay mandatory restitution fines and any applicable victim restitution. In addition, effective May 17, 2013, the Tuolumne County Board of Supervisors has adopted an ordinance pursuant to Welfare and Institutions Code Sections 729.9, 902, 903, 903.2, 903.25, and 903.44, that you shall make payment to the County of Tuolumne for Juvenile Probation Services as follows:

- Supervision fee of \$33.25 per month
- Electronic Monitoring Program Administration Fee of \$38.25
- Electronic Monitoring Program daily fee of \$16.50 GPS Unit; \$19.50 TAD; \$36.00 both units
- Juvenile Work Program daily fee of \$17.50
- Drug test fee of \$2.99-\$100.00 per test (cost depends on type of test)
- Juvenile Hall/Camp daily fee of \$15.00-\$25.90 per day (depending on facility)

Said fees shall be paid through the Office of Revenue Recovery. The Office of Revenue Recovery Manager may recommend the fee or any portion thereof be waived based upon an assessment of the parent(s)/guardian/child current financial circumstance.

TUOLUMNE COUNTY OFFICE OF REVENUE RECOVERY

FINANCIAL STATEMENT FORM

Please complete both sides of this form and return it to the Office of Revenue Recovery as soon as possible.

NAME (Last) _____ (First) _____ (M.I.) _____

Other names used _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH _____ - _____ - _____

DRIVER'S LICENSE # _____

HOME PHONE () _____ - _____

CELL PHONE () _____ - _____ WORK PHONE () _____ - _____

MAILING ADDRESS _____

City State Zip
STREET ADDRESS (if different) _____

City State Zip
EMAIL: _____

YOUR EMPLOYER _____ starting date _____

EMPLOYER ADDRESS _____

PHONE _____ JOB TITLE _____

If not currently employed, when were you last employed (date) _____

Current Garnishment? _____

SPOUSE'S NAME (Last) _____ (First) _____ (M.I.) _____

SPOUSE'S DATE OF BIRTH _____ SSN _____

SPOUSE'S DL# _____

SPOUSE'S EMPLOYER _____ since _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE _____ JOB TITLE _____

I have _____ dependents: List relationship/age

_____, _____, _____, _____

_____, _____, _____, _____

MONTHLY INCOME:

Your gross income \$ _____
Spouse's gross income \$ _____
Other Income:(indicate source) \$ _____

MONTHLY EXPENSES:

Rent or Mortgage \$ _____
Other real estate \$ _____
Auto Payment \$ _____
Food \$ _____ Utilities \$ _____

IF YOU HAVE NO INCOME, HOW ARE YOU MEETING YOUR BASIC LIVING EXPENSES?

OTHER DEBTS (Visa, MasterCard, loans, charge accounts)

<u>Name of Company</u>	<u>Balance owed</u>	<u>Monthly Payment</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you pay child/spousal support? _____ Amount Paid \$ _____
Do you own a home? _____ Are you renting? _____

Name of your bank or credit union _____
Checking account # _____ Balance \$ _____
Savings account # _____ Balance \$ _____
Other account # _____ Balance \$ _____

Read carefully before signing: I hereby certify that all statements made hereon are complete and correct to the best of my knowledge. I understand that perjury is punishable by imprisonment.

I/we authorize the County of Tuolumne and its duly authorized representatives to contact any employer, bank, savings and loan, credit union, credit reporting agency, creditor, attorney at law or governmental agency regarding my/our financial condition, and I/we further authorize such institutions, individual, partnership, corporation or agency so contacted to release any or all information requested regarding my/our assets, liabilities, policies, credit information, litigations, financial transactions and accounts.

Signature Date

Signature Date