

SOCIAL INVESTIGATION FORM

Please complete this form to the best of your ability.

Any question, please contact _____ at 610-559-6880.

Send or deliver completed form to 650 Ferry Street, Easton, Pennsylvania 18042.

I. JUVENILE INFORMATION:

Juvenile's Name: _____ Sex: _____ Male _____ Female

Nickname: _____ Date of Birth: _____ Age: _____

Address: _____ Place of Birth: _____

_____ Race: _____

Telephone #: _____ Social Security #: _____

Leisure - Time Activities:

Sports, Hobbies, Boys/Girls Clubs, etc: _____

II. SCHOOL INFORMATION:

Name of School: _____ Grade: _____

Attendance: _____ Good _____ Fair _____ Poor

Suspensions: _____ Expulsions: _____

Average Grades: _____

Has Juvenile Failed Any Classes This Academic Year: _____ Yes _____ No

Did the Juvenile Fail Any Classes Last Year: _____ Yes _____ No

Has the Juvenile Repeated Any Grades: _____ Yes _____ No If so, which grade(s): _____

Is Juvenile Involved in School Activities: _____ Yes _____ No

If so, which activities: _____

Is Juvenile involved in Vo-Tech: _____ Yes _____ No When: _____ a.m. _____ p.m.

If so, what classes: _____

If Juvenile is not Enrolled in any School Program, What was the Highest Grade Completed: _____

Did Juvenile Receive a GED: _____ Yes _____ No

Does Juvenile Plan to Graduate? _____ Yes _____ No

What are the Juvenile's Future Goals: _____

III. EMPLOYMENT HISTORY:

Is the Juvenile Employed: _____ Yes _____ No

If so, where: _____ How long employed: _____

Job Duties: _____

Number of Hours per Week: _____ Salary: _____

IV. MEDICAL INFORMATION:

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Note any Scars or Tattoos: _____

Is Child Take Any Medications: _____ Yes _____ No

If so, what medications: _____

Doctor Who Prescribed Medications: _____

Family Doctor's Name and Address: _____

Special Medical Concerns (including Emergency Room Visits): _____

Medical Insurance Plan Available to Juvenile: _____

Insurance Company and Address: _____

Policy/Group/Contract #: _____ Effective Date: _____

Name, Address, and Social Security Number of Policy Holder: _____

Deductible Amount: _____

Family Medical History (Heart Disease, Diabetes, Seizures, etc. – Alcohol/Drug Abuse) – Please List:

V. ADDITIONAL INCOME/BENEFITS AVAILABLE TO CHILD (LIST AMOUNTS):

Social Security: \$ _____ SSI: \$ _____ Court Ordered Support: \$ _____

Is Either Parent Receiving Public Assistance: _____ Yes _____ No

If so, which parent: _____ Mother _____ Father _____ Both

Welfare: \$ _____ per month Food Stamps: \$ _____ per month

Child's Medical Access #: _____ Recipient #: _____

VI. FAMILY INFORMATION:

FATHER'S NAME: _____ DOB: _____ Age: _____
Address: _____ Place of Birth: _____
_____ Telephone #: _____
Education (Highest Grade Completed): _____ Social Security #: _____
Employment: _____ Telephone #: _____
Job Title: _____ Salary: _____
Criminal Record: _____

MOTHER'S NAME: _____ DOB: _____ Age: _____
Address: _____ Place of Birth: _____
_____ Telephone #: _____
Education (Highest Grade Completed): _____ Social Security #: _____
Employment: _____ Telephone #: _____
Job Title: _____ Salary: _____
Criminal Record: _____

OTHER ADULT(S) RESIDING IN HOME OF JUVENILE:

Name: _____ DOB: _____ Age: _____
Address: _____ Place of Birth: _____
_____ Telephone #: _____
Education (Highest Grade Completed): _____ Social Security #: _____
Employment: _____ Telephone #: _____
Job Title: _____ Salary: _____
Criminal Record: _____

Name: _____ DOB: _____ Age: _____
Address: _____ Place of Birth: _____
_____ Telephone #: _____
Education (Highest Grade Completed): _____ Social Security #: _____
Employment: _____ Telephone #: _____
Job Title: _____ Salary: _____
Criminal Record: _____

ADDITIONAL PARENTAL INFORMATION:

_____ Never Married _____ Married _____ Separated _____ Divorced

If Married – Date of Marriage: _____

If Separated – Date of Separation: _____

If Divorced – Date of Divorce: _____

Name of First Spouse: _____ Date of Marriage: _____

Reason for Divorce: _____

SIBLINGS (INCLUDE STEP-CHILDREN):

Name: _____ **DOB:** _____ **Age:** _____

Address: _____ **School:** _____

_____ **Grade:** _____

Name: _____ **DOB:** _____ **Age:** _____

Address: _____ **School:** _____

_____ **Grade:** _____

Name: _____ **DOB:** _____ **Age:** _____

Address: _____ **School:** _____

_____ **Grade:** _____

Name: _____ **DOB:** _____ **Age:** _____

Address: _____ **School:** _____

_____ **Grade:** _____

DESCRIPTION & LOCATION OF HOME: _____

Number of Bedrooms: _____ Length of Time at this Residence: _____

_____ Buying _____ Renting _____ Own _____ HUD

Previous Addresses: _____

Length of Time at Previous Addresses: _____

JUVENILE INFORMATION QUESTIONNAIRE

1. What are the rules for the child at home?
2. What are the child's responsibilities/chores around the home?
3. What is the child's curfew, and is it being followed?
4. How do you feel about your child's behavior with regard to this incident?
5. What disciplinary action did you take after learning your child's behavior?
6. Do you feel that your son/daughter's behavior is under control at home? Please explain.
7. Who is responsible for discipline, and what forms of discipline are used?
8. As a parent, how do you feel if your child is using cigarettes, alcohol, or drugs?

9. Does the family belong to any church? If yes, what church and how often are services attended?

10. Is your family involved with any other agencies (Children & Youth, Mental Health, Drug/Alcohol)?

Please review with your child and explain the following questions:

11. How do you feel about what you did?

12. How do you think your actions impacted the victim?

13. How do you think your actions impacted your family?

14. How do you think your actions impacted the community?

Please review this checklist of questions relating to your child’s behavior. Circle the number that best describes the problem area.

1 – Never a Problem 2 – Once in Awhile 3 – Occasionally a Problem
4 – Often 5- Always a Problem

FAMILY:

Increasing Fighting/Arguments	1	2	3	4	5
Decreasing Interactions with Family Members	1	2	3	4	5
Selling Possessions	1	2	3	4	5
Stealing From Home	1	2	3	4	5
Manipulative Behavior	1	2	3	4	5
Secretive Regarding Friends, Whereabouts, Etc.	1	2	3	4	5
Drugs/Alcohol – Evidence Discovered	1	2	3	4	5
Staying Out All Night	1	2	3	4	5
Physical/Verbal Abuse Toward Parent(s)	1	2	3	4	5
Change in Sleep Habits	1	2	3	4	5
Strained Relationships	1	2	3	4	5
Running Away From Home	1	2	3	4	5

SCHOOL:

Decline in Attendance	1	2	3	4	5
Decline in Grades	1	2	3	4	5
Suspensions	1	2	3	4	5
Fighting or Verbal Abuse Toward Teachers/Students	1	2	3	4	5
Class Cutting	1	2	3	4	5
Sleeping in School	1	2	3	4	5
Defiance of Rules	1	2	3	4	5

GENERAL OBSERVATIONS:

Deterioration in Personal Hygiene	1	2	3	4	5
Shift in Peer Group	1	2	3	4	5
Loss of Motivation	1	2	3	4	5
Emotional Swings/Moodiness	1	2	3	4	5
Weight Change	1	2	3	4	5

