

|  |  |   |                           |                |  |  |
|--|--|---|---------------------------|----------------|--|--|
| 1. Intake Case Number  |  | <b>Court Referral – Child/Juvenile<br/>(Law Enforcement Referral)</b> |                           |                | 2. Court Case Number                                     |  |
| 3. Child's/Juvenile's Name (Last, First, Middle)   |  |   | 4. Child's Alias/Nickname | 5. Child's Age | 6. Child's Date of Birth                                 | 7. Child's Sex<br><input type="checkbox"/> Female <input type="checkbox"/> Male  |
| 8. Child's/Juvenile's Street Address   |  | City  | State                     | Zip Code       | 9. Child's County of Residence                           | 10. Child's Race<br>1. African American<br>2. Asian or Pacific Islander<br>3. American Indian or Alaskan Native<br>4. Hispanic<br>5. Caucasian<br>6. Unknown<br>7. Other |
| 11. Child's Home Telephone   |  | 12. Child's School Attended/Place of Employment                       |                           |                | 13. Child's Grade/Occupation                             |  |
| 14. Parent #1's Legal Name and Address   |  |   |                           | Marital Status | <b>T<br/>E<br/>L<br/>E<br/>P<br/>H<br/>O<br/>N<br/>E</b> | Work: _____<br>Home: _____   |
| Legal Status: <input type="checkbox"/> Alleged <input type="checkbox"/> Adjudicated <input type="checkbox"/> Presumed <input type="checkbox"/> Biological <input type="checkbox"/> Unknown |  |   |                           |                |  |  |
| 15. Parent #2's Legal Name and Address   |  |   |                           | Marital Status |  | Work: _____<br>Home: _____   |
| Legal Status: <input type="checkbox"/> Alleged <input type="checkbox"/> Adjudicated <input type="checkbox"/> Presumed <input type="checkbox"/> Biological <input type="checkbox"/> Unknown |  |   |                           |                |  |  |
| 16. Guardian/Legal Custodian/Supervising Agency  |  |   | Address                   |                | Marital Status   | Work: _____<br>Home: _____   |

|  |                   |                      |         |   |                         |
|--|-------------------|----------------------|---------|---|-------------------------|
| 17. Name of Referring Agency   |                   | 18. Office Telephone |         | 19. File/Case Number  |                         |
| 20. Prior Record with Referring Agency: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, describe manner of handling: <input type="checkbox"/> Additional information attached. |                   |                      |         | 21. Name of Referring Officer   |                         |
| 22. Alleged Offenses: <input type="checkbox"/> Additional information attached.  |                   |                      |         |   |                         |
| Date(s)  | Statute Number(s) |                      | Offense |   |                         |
| 23. Name of Accomplice(s)  |                   | Address              |         | Sex   | Birth Date<br>Mo/Day/Yr |
| _____  |                   | _____                |         | <input type="checkbox"/> F <input type="checkbox"/> M   | _____                   |
| _____  |                   | _____                |         | <input type="checkbox"/> F <input type="checkbox"/> M   | _____                   |
| _____  |                   | _____                |         | <input type="checkbox"/> F <input type="checkbox"/> M   | _____                   |
| 24. Name of Victim and Address   |                   |                      |         | 25. Parent(s) Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes                                  |                         |
|  |                   |                      |         | 26. Date of Referral to Intake Office   |                         |
|  |                   |                      |         | 27. Property loss or medical bills:<br><input type="checkbox"/> No <input type="checkbox"/> Yes Estimate \$ _____ |                         |

|  |  |  |  |  |                      |
|--|--|--|--|--|----------------------|
| <b>INTAKE INQUIRY RECOMMENDATION</b>   |  |  | 28. Date Received  |  |                      |
| 29. Interview Date and Time:   |  | 30. Present at Interview:  |  |  |                      |
| 31. Custody Authorization:<br><input type="checkbox"/> Released <input type="checkbox"/> Detained Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br><input type="checkbox"/> Nonsecure: _____<br><input type="checkbox"/> Secure: _____ |  |  | 32. Prior Referrals to Intake:<br><input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____<br>If juvenile alleged "Delinquent" under §938.12, Wis. Stats., attach prior referrals/disposition report to D.A.'s copy. |  |                      |
| 33. Intake Recommendation - Check all appropriate boxes.   |  |  |  |  |                      |
| A. Case Closed<br><input type="checkbox"/> Dismissed - lacks jurisdiction<br><input type="checkbox"/> Counseled<br><input type="checkbox"/> Referred to Other County<br><input type="checkbox"/> Other: (Specify) _____  |  | B. Deferred Prosecution/Informal Disposition Agreement<br>Expires: _____<br><input type="checkbox"/> Restitution: \$ _____<br><input type="checkbox"/> Supervised Work Program: _____ hrs.<br><input type="checkbox"/> Informal Supervision<br><input type="checkbox"/> Other: (Specify) _____ |  | C. Formal Petition Requested<br><input type="checkbox"/> Ordinance Violation - Civil<br><input type="checkbox"/> Traffic Offense<br><input type="checkbox"/> Delinquency<br><input type="checkbox"/> Waiver<br><input type="checkbox"/> In Need of Protection/Services under ch. 48<br><input type="checkbox"/> In Need of Protection/Services under ch. 938 |                      |
| 34. Comments:  |  |  |  |  |                      |
| 35. Name of Intake Worker/Agency   |  | 36. Signature  |  | 37. Telephone  | 38. Date Recommended |