

1. Intake Case Number		Court Referral - Child/Juvenile (Non-Law Enforcement Referral)			2. Court Case Number	
3. Child's/Juvenile's Name (Last, First, Middle)			4. Alias/Nickname	5. Age	6. Date of Birth	7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Child's/Juvenile's Street Address		City	State	Zip Code	9. County of Residence	10. Race 1. White 3. Asian 5. Other 2. Black 4. Indian
11. Home Telephone	12. School Attended/Place of Employment			13. Grade/Occupation		
14. Legal Father's Name		Address		Marital Status	T E L E P H O N E	Work: _____ Home: _____
15. Legal Mother's Name		Address		Marital Status		Work: _____ Home: _____
16. Guardian/Legal Custodian/Supervising Agency		Address		Marital Status		Work: _____ Home: _____

17. Name of Referring Agency		Address		18. Telephone Number	
19. Prior Record with Referring Agency: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe manner of handling: <input type="checkbox"/> Additional information attached.				20. Name of Referring Person	
21. Reason(s) for Referral: Statute Number(s): _____ Describe Allegation(s): <input type="checkbox"/> Additional information attached.					

INTAKE INQUIRY RECOMMENDATION				22. Date Received	
23. Interview Date and Time:		24. Present at Interview:			
25. Custody Authorization: <input type="checkbox"/> Released <input type="checkbox"/> Detained Date: _____ Time: _____ <input type="checkbox"/> Nonsecure: _____ <input type="checkbox"/> Secure: _____			26. Prior Referrals to Intake: <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____		
27. Intake Recommendation - <i>Check all appropriate boxes.</i>					
A. Case Closed <input type="checkbox"/> Dismissed - lacks jurisdiction <input type="checkbox"/> Counseled <input type="checkbox"/> Referred to Other County <input type="checkbox"/> Other: (Specify) _____		B. Deferred Prosecution/Informal Disposition Agreement Expires: _____ <input type="checkbox"/> Supervised Work Program: _____ hrs. <input type="checkbox"/> Informal Supervision <input type="checkbox"/> Other: (Specify) _____		C. Formal Petition Requested <input type="checkbox"/> In Need of Protection/Services under ch. 48 <input type="checkbox"/> In Need of Protection/Services under ch. 938	
28. Comments:					
29. Name of Intake Worker/Agency		30. Signature		31. Telephone	
				32. Date Recommended	