

1. Intake Case Number		Court Referral – Child/Juvenile (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. African American 2. Asian or Pacific Islander 3. American Indian or Alaskan Native 4. Hispanic 5. Caucasian 6. Unknown 7. Other
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: _____
15. Legal Mother's Name		Address		Marital Status		Home: _____
16. Guardian/Legal Custodian/Supervising Agency		Address		Marital Status		Work: _____
						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 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	Referred to
_____		_____			Mo/Day/Yr	Court/Cited
_____		_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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: <input type="checkbox"/> No <input type="checkbox"/> Yes Estimate \$ _____		

INTAKE INQUIRY RECOMMENDATION				28. Date Received	
29. Interview Date and Time:		30. Present at Interview:			
31. Custody Authorization: <input type="checkbox"/> Released <input type="checkbox"/> Detained Date: _____ Time: _____ <input type="checkbox"/> Nonsecure: _____ <input type="checkbox"/> Secure: _____			32. Prior Referrals to Intake: <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ If juvenile alleged "Delinquent" under §938.12, attach prior referrals/disposition report to D.A.'s copy.		
33. Intake Recommendation - Check all appropriate boxes.					
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"/> Restitution: \$ _____ <input type="checkbox"/> Supervised Work Program: _____ hrs. <input type="checkbox"/> Informal Supervision <input type="checkbox"/> Other: (Specify) _____		C. Formal Petition Requested <input type="checkbox"/> Ordinance Violation - Civil <input type="checkbox"/> Traffic Offense <input type="checkbox"/> Delinquency <input type="checkbox"/> Waiver <input type="checkbox"/> In Need of Protection/Services under ch. 48 <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