STATE OF MICHIGAN COUNTY OF LIVINGSTON 44TH CIRCUIT COURT – JUVENILE DIVISION	**FAMILY HISTORY PACKET**	**FILE NO.**

JUVENILE'S INFORMATION

Name: _____ DOB: _____

Address: _____ Sex: ☐ Male ☐ Female

Street Address

_____ Phone: _____

City State Zip

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License #: _____ Social Security #: _____

Email: _____

Medical Insurance Carrier and Number: _____

Is the juvenile adopted: ☐ Yes ☐ No If yes, date of adoption: _____

Is the juvenile a member of or eligible for membership in any Native American Tribe or Band: ☐ Yes ☐ No

If yes, please specify which Tribe of Band: _____

EMPLOYMENT INFORMATION

Place of Employment: _____

Length of Employment: _____ Hours per week: _____

SCHOOL INFORMATION

School: _____ Grade: _____

Average grades: _____ How is Attendance: _____

Special Education: ☐ Yes ☐ No IEP: ☐ Yes ☐ No 504 Plan: ☐ Yes ☐ No

Date of last IEP or 504 Plan: _____ Diagnosis: _____

Number of Suspensions: _____ Expulsions: ☐ Yes ☐ No

School behaviors: _____

School Login Information (for grades/attendance):

Username: _____ Password: _____

MEDICAL / MENTAL HEALTH INFORMATION

List any chronic medical conditions for the juvenile (i.e. Diabetes): _____

Has the juvenile received any psychological or psychiatric testing: ☐ Yes ☐ No

If yes, list when testing was completed, by whom and results, including any diagnoses: _____

Is the juvenile prescribed any type of medication? ☐ Yes ☐ No If yes, please indicate below

MEDICATION	DOSAGE/FREQUENCY	REASON

MEDICAL / MENTAL HEALTH INFORMATION CONTINUED

Has the juvenile ever participated in counseling? ☐ Yes ☐ No ☐ Juvenile is currently in counseling

If the juvenile has participated in counseling, or is currently in counseling, please indicate the following:

Name of Counselor	Agency	Duration	Reason

Has the juvenile exhibited any of the following:
☐ Animal Cruelty ☐ Fire Setting
☐ Physically Assaultive Behaviors ☐ Sexually Assaultive Behaviors
☐ Suicidal Ideations or Attempts ☐ Homicidal Ideations or Attempts

If you checked any of the above, please explain: _____

Has the juvenile been hospitalized for any reason? ☐ Yes ☐ No If yes, please indicate below

Date(s)	Reason

FAMILY INFORMATION

☐ **Biological Parent** ☐ **Adoptive Parent** ☐ **Guardian**

Name: _____ Maiden Name: _____

Is the parent deceased? ☐ Yes ☐ No If yes, date of death: _____

Do you have custody of the juvenile? ☐ Yes ☐ No Is custody full or joint? ☐ Full ☐ Joint

If you do not have custody, please explain: _____

Address: _____
Street Address City State Zip

Phone: _____ Date of Birth: _____

Email: _____ Social Security #: _____

Employed: ☐ Yes ☐ No Location and hours per week: _____

Marital Status: _____ Spouse Name: _____

Names of Children: _____

☐ **Biological Parent** ☐ **Adoptive Parent** ☐ **Guardian**

Name: _____ Maiden Name: _____

Is the parent deceased? ☐ Yes ☐ No If yes, date of death: _____

Do you have custody of the juvenile? ☐ Yes ☐ No Is custody full or joint? ☐ Full ☐ Joint

If you do not have custody, please explain: _____

Address: _____
Street Address City State Zip

Phone: _____ Date of Birth: _____

Email: _____ Social Security #: _____

Employed: ☐ Yes ☐ No Location and hours per week: _____

Marital Status: _____ Spouse Name: _____

Names of Children: _____

Residing in Juvenile's Home

Name	DOB	Name	DOB

PRIOR SYSTEMS INVOLVEMENT

Has anyone in your family been involved with any of the following agencies?

☐ Juvenile Court ☐DHHS
☐ Circuit Court ☐ CPS
☐District Court ☐CMH
☐Friend of the Court ☐ Counseling

If you selected any of the above, please explain, providing as much detail as possible: _____

Any family history of Substance Use or Abuse? ☐ Yes ☐No If yes, please indicate below

Who	Substance	Treatment

Any family history of Mental Health Issues? ☐ Yes ☐ No If yes, please indicate below

Who	Issue	Treatment

ADDITIONAL BACKGROUND INFORMATION

Is the juvenile involved in any extracurricular activities? ☐ Yes ☐ No If yes, please indicate below

Please describe the juvenile's everyday mood / emotional state: _____

Do you and the juvenile get into arguments often? ☐ Yes ☐ No If yes, how often: _____

Do you and the juvenile get into physical fights? ☐Yes ☐ No If yes, how often: _____

How do you discipline your child? _____

Please describe household rules and expectations for the juvenile: _____

Is the juvenile compliant with household rules and expectations? ☐Yes ☐No If no, please indicate below

Please provide any additional information that may be helpful for the Court to know: