

BANNOCK COUNTY JUVENILE COURT
SOCIALHISTORY FORM

PLEASE PRINT

1. _____
Juvénile Name Date of Birth Age City/State – Born

2. _____
School Attending Grade GPA Suspended from School Yes No

3. Mother: _____	Father: _____	Guardian: _____
Maiden Name: _____	S.S. # _____	S.S. # _____
S.S. # _____	Date of Birth: _____	Date of Birth: _____
Date of Birth: _____	Address: _____	Address: _____
Address: _____	City: _____ State: _____	City: _____ State: _____
City: _____ State: _____	Phone: _____	Phone: _____
Phone: _____		

4. How long has child been a resident of Bannock County: _____
Juvénile lives with: _____ How related to juvénile: _____
Name of siblings: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

5. Juvénile lived in last 5 years: _____

6. Has juvénile been charged with any crimes prior to this charge? Yes No
If yes, what charges? 1. _____
2. _____
3. _____
Other charges pending? Yes No
If yes, what charges? 1. _____
2. _____
3. _____

7. Has juvénile previously been on Probation? Yes No
If yes, where: _____ Date: _____

8. Does juvénile have a driver's license? Yes No Suspended? Yes No

9. Is juvénile receiving medical care, why? _____
Type of medication: _____
Allergies: _____

10. Is juvénile employed? If so, where: _____

11. Does family and/or juvénile receive Social Security/Disability or other Government Benefits?
If so, list: _____

I VERIFY THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE

_____ Juvénile Signature/Date _____ Parent/Guardian Signature/Date