

4. Does the child fail to comply with the rules set by parents/legal guardians? (I.e. curfew violations, threats or physical aggression toward family members, runaway, leaving home without permission) Yes/No. Please indicate examples of non-compliance.

5. Does the child have school problems? Yes/No. (I.e.. behavioral or/and attendance) Has he/she received any suspensions or detentions this school year? Yes/No. If yes, attach school records.

6. Do you suspect the child is using alcohol or drugs? Yes/No. If yes, what substance(s) do you suspect? _____ Has the child been screened or treated? Yes/No. If yes, where & when?

7. Has the child been in professional therapy? (i.e., anger management, individual counseling, family counseling, grief counseling) Yes/ No. When, where, with whom?

8. What interests does this child have and what are his/her strengths or positive attributes?

****Should you choose to submit this filing, you will be expected to cooperate fully with the recommendations of Diversion, Assessment Center and/or the Intake Department. Failure to comply and follow through with those recommendations may prohibit the court from processing any additional unofficial complaints on your child.**

Office Purposes only:

Action taken:

- Forwarded to Prosecutor's office to review for official charges
- Referred to Diversion Program to be handled without official charges
- Referred for Services to be handled unofficially

Revised 7/19