



LINN COUNTY JUVENILE DEPARTMENT GENERAL INFORMATION FORM

Today's Date: _____

YOUTH INFORMATION:

Youth's LEGAL Name (on birth certificate): _____

Also Known As: _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Sex: _____ Race: _____ Ethnicity: _____

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

Social Security #: _____ ODL: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different from home address): _____

Youth's Cell Phone: _____ Primary Phone: _____

Cell/Message Phone: _____ Email: _____

Places of residence prior to Linn County Referrals for law violations prior to Linn County residence (City/State): _____

SCHOOL INFORMATION:

Name of School: _____ Grade: _____ GPA: _____

Regular: _____ Alternative: _____ IEP: _____ Special ED: _____ GED: Yes _____ No _____ When? _____

Learning Disabilities (please explain): _____

School Attendance - Full: _____ Part: _____ Suspended: _____ Expelled: _____ When? _____

Not attending? (please explain): _____

Repeated grade(s): Yes _____ No: _____ When? _____

OTHER AGENCY INVOLVEMENT - PAST/CURRENT:

(Example: DHS, ESD, Family Support, Counseling, etc.) _____

MEDICAL INFORMATION:

Health Insurance Provider & Policy #: _____

On-going/Current Health Problems: _____

On-going/Current Medications: _____

FAMILY INFORMATION:

FATHER's Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address (if different from home address):

Primary Phone: _____ Cell/Message Phone: _____

Father's Email Address: _____

MOTHER's Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address (if different from home address):

Primary Phone: _____ Cell/Message Phone: _____

Mother's Email Address: _____

GUARDIAN's Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address (if different from home address):

Guardian's Email Address: _____

Primary Phone: _____ Cell/Message Phone: _____

STEP-PARENT Name: _____ Date of Birth: _____

Home Address: _____

Step-Parent's Email Address: _____

Other Adult(s) in youth's home: (Name & Relationship):

Sibling(s): Name/Age (Please list all):

