



LINN COUNTY JUVENILE DEPARTMENT
GENERAL INFORMATION FORM

Today's Date: _____

YOUTH INFORMATION:

Youth's Full LEGAL Name: _____

Also Known As: _____

Date 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): _____

Primary Phone: _____ Cell/Message Phone: _____

Mother's Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address (if different from home): _____

Primary Phone: _____ Cell/Message Phone: _____

Guardian Name/Address/Phone: _____

Step-Parent Name/Address/Phone: _____

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

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

ADMINISTRATIVE USE ONLY

Date Entered: _____ By: _____ JDIS # _____

Advice of Rights: Y Place of Birth: _____

ICE Rpt: _____ Date: _____ By: _____