



**COURT OF COMMON PLEAS
PROBATE / JUVENILE DIVISION
GEAUGA COUNTY**

JUDGE TIMOTHY J. GRENDALL – JUDGE

Courthouse Annex, 2nd Floor
231 Main Street, Suite 200
Chardon, Ohio 44024
Voice: 440-279-1830
Fax Probation: 440-285-5025
Fax Court: 440-285-8751

Dear Parent(s) or Guardian:

The court has sent you notification of the charge(s) that have been filed against your child. In preparation for the upcoming hearing, a Social History Questionnaire is enclosed for you to complete. Ohio Juvenile Rule 32 provides, in part, that until there has been an admission or adjudication, no social history of a juvenile may be ordered without consent. Thus, completion of this Social History Questionnaire is completely voluntary and does not in any way indicate that you are admitting to the charge(s) filed against your child. The questions are asked of every child and family involved with the Court as a means of trying to assess your child. By your answers to the questions, the Court may be able to offer information on the resources you need (if any) provided by the court system and/or the community. Additionally, a completed Social History, by being readily available after the adjudication, may aid the immediate disposition of the case, therefore expediting the judicial process.

In addition to the completed Social History Questionnaire, a request is being made for a copy of your child's most recent report card. This too will aid in creating a more detailed picture of your child's background and again, may help to expedite the disposition.

Please return the Social History Questionnaire and the copy of a report card as soon as possible. If you are unable to return them before the hearing date, bring them with you on the date of your child's hearing.

IF YOUR CHILD IS CHARGED WITH AN OFFENSE THAT WOULD BE A FELONY IF COMMITTED BY AN ADULT, THE COURT TYPICALLY WOULD REQUIRE THAT YOUR CHILD BE REPRESENTED BY AN ATTORNEY. IF YOU CAN NOT AFFORD AN ATTORNEY, OR CHOOSE NOT TO HIRE AN ATTORNEY FOR YOUR CHILD, THE COURT MAY APPOINT AN ATTORNEY ON ITS OWN MOTION DUE TO THE SERIOUS NATURE OF THE CHARGES.

IF YOUR CHILD IS NOT REPRESENTED BY AN ATTORNEY, PLEASE ARRANGE TO ARRIVE 30 MINUTES BEFORE THE HEARING TIME TO ENABLE US IN MAINTAINING OUR SCHEDULE. IF AN ATTORNEY IS RETAINED, PLEASE REQUEST THAT THE ATTORNEY SEND WRITTEN NOTICE OF REPRESENTATION TO THE COURT PRIOR TO THE INITIAL HEARING.

LASTLY, PLEASE HAVE YOUR CHILD BRING HIS/HER OPERATOR'S LICENSE ON THE DAY OF THE COURT HEARING. THE DISPOSITION MAY POSSIBLY INCLUDE A SUSPENSION OF DRIVING PRIVILEGES. RESTRICTED DRIVING PRIVILEGES WILL NOT BE GIVEN WITHOUT LICENSE.

Thank you for your anticipated cooperation. If there are any further questions or concerns, please feel free to contact me at the above number, extension 1846.

Sincerely,

Ann Mlinar
Intake/Diversion Officer

SOCIAL HISTORY QUESTIONNAIRE

(To be completed by parent/guardian only)

COMPLETED BY _____ DATE COMPLETED _____

CHILD'S NAME _____ NICK NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____ CONTACTS/GLASSES _____

DOES YOUR CHILD HAVE ANY TATTOOS, MARKS SCARS, ETC.?

ADDRESS _____

Street and P.O. Box City Zip Code

County _____

HOME PHONE _____ CELL PHONE/PAGER# _____

Father

Cell phone/pager-Mother

Cell phone/pager- Child

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

PLEASE LIST ALL INDIVIDUALS PRESENTLY LIVING AT RESIDENCE AND THEIR RELATIONSHIP TO CHILD _____

EDUCATION

SCHOOL ATTENDED _____ EXPECTED DATE OF GRADUATION _____

CURRENT GRADE _____ SCHOOL COUNSELOR _____ IS CHILD INVOLVED IN ANY

SPECIALIZED ACADEMIC PLACEMENT(IEP, LD, SED, ETC.)?

DESCRIBE SCHOOL PERFORMANCE _____

DOES CHILD DO HOMEWORK? _____

ARE THERE ANY SCHOOL PROBLEMS? (Disciplinary, Suspensions, Attendance Problems, etc.)

FAMILY HISTORY

CHILD'S PLACE OF BIRTH _____

RAISED BY _____

ARE PARENTS DIVORCED? _____ DATE OF DIVORCE _____ COUNTY/STATE _____

IF PARENTS ARE DIVORCED WHO HAS LEGAL CUSTODY OF THE CHILD? _____

HAS EITHER PARENT REMARRIED? _____

WHICH PARENT DOES CHILD LIVE WITH _____

IF NOT LIVING WITH A PARENT, WHAT IS YOUR RELATIONSHIP TO THE CHILD? _____

BIOLOGICAL FATHER _____ AGE _____ EDUCATION LEVEL _____

OCCUPATION _____ EMPLOYER _____ PHONE # _____

BIOLOGICAL MOTHER _____ AGE _____ EDUCATION LEVEL _____

OCCUPATION _____ EMPLOYER _____ Phone# _____

STEP FATHER _____ AGE _____ EDUCATION LEVEL _____

OCCUPATION _____ EMPLOYER _____ PHONE# _____

STEP MOTHER _____ AGE _____ EDUCATION LEVEL _____

OCCUPATION _____ EMPLOYER _____ PHONE# _____

NUMBER OF BROTHERS _____ NUMBER OF SISTERS _____

PLEASE LIST NAMES AND AGES OF SIBLINGS:

PLEASE DESCRIBE THE CHILD'S RELATIONSHIP WITH PARENT(S)/GUARDIAN AT THE PRESENT TIME

PLEASE DESCRIBE THE CHILD'S RELATIONSHIP WITH SIBLINGS AT THE PRESENT TIME

EMPLOYMENT

CHILD'S PRESENT EMPLOYMENT STATUS

FULL TIME _____ PART TIME _____ UNEMPLOYED _____ TEMPORARY _____

PLACE OF EMPLOYMENT _____

DATES OF EMPLOYMENT _____ TYPE OF WORK _____

HOURS PER WEEK OF PRESENT JOB _____ WORK PHONE _____

CAN CHILD BE CONTACTED AT WORK? _____

MEDICAL HISTORY

DOCTOR'S NAME AND ADDRESS

ANY PROBLEMS WITH BIRTH OR DURING PREGNANCY? _____

ANY PROBLEMS WITH LEARNING TO WALK? _____ TALK? _____ MOTOR SKILLS DEVELOPMENT? _____

PLEASE EXPLAIN ANY YES ANSWERS

ANY CHANGES OR EVENTS DURING CHILDHOOD WHICH MAY HAVE INFLUENCED OR AFFECTED CHILD'S BEHAVIOR?

RATE YOUR CHILD'S PRESENT PHYSICAL HEALTH POOR _____ FAIR _____ GOOD _____ EXCELLENT _____

IS CHILD CURRENTLY ON MEDICATION? YES _____ NO _____ IF YES, LIST MEDICATION _____

IS CHILD CURRENTLY BEING TREATED FOR ANY HEALTH PROBLEMS? YES _____ NO _____

IF YES, PLEASE

EXPLAIN _____

ANY PROBLEM YOU WOULD LIKE THE COURT TO BE AWARE OF?

PSYCHOLOGICAL/SOCIAL SERVICE

IS YOUR CHILD CURRENTLY SEEING A COUNSELOR, PSYCHOLOGIST, PSYCHIATRIST, ETC.? _____

REASON _____

IF YES, WHO IS YOUR CHILD SEEING? _____

ADDRESS _____

TELEPHONE # _____

HOW LONG HAVE THEY BEEN SEEING THIS INDIVIDUAL? _____

PLEASE DESCRIBE ANY PREVIOUS COUNSELING, PSYCHIATRIC, HOSPITALIZATIONS/TREATMENTS, ETC. _____

DOES YOUR CHILD SHOW ANY SIGNS OF BEING DEPRESSED? _____

DO YOU HAVE CONCERNS THAT YOUR CHILD MAY BE USING DRUGS AND/OR ALCOHOL? _____

HAS CHILD EVER BEEN PHYSICALLY OR SEXUALLY ABUSED? YES _____ NO _____

EXPLAIN _____

IS THERE A FAMILY HISTORY OF MENTAL ILLNESS? YES _____ NO _____

IF YES, EXPLAIN _____

GENERAL INFORMATION

DOES CHILD/FAMILY CURRENTLY RECEIVE EITHER OF THE FOLLOWING?

CHILD SUPPORT _____ IF YES, AMOUNT PER MONTH _____

IS CHILD COVERED BY MEDICAL INSURANCE? YES _____ NO _____

IF YES, WITH WHAT COMPANY? _____

PEERS: NAME THREE OF CHILD'S CLOSEST FRIENDS

CURRENT BOYFRIEND OR GIRLFRIEND _____ AGE _____

CHILD'S CURFEW ON SCHOOL NIGHTS _____ WEEKENDS _____

CHILD'S INTERESTS, TALENTS AND/OR HOBBIES _____

WHAT DOES CHILD DO WITH HIS/HER FREE TIME?

DOES YOUR CHILD HAVE PRIOR HISTORY OF COURT INVOLVEMENT? YES _____ NO _____

IF YES, EXPLAIN

COUNTY/STATE _____

IS THERE ANY OTHER INFORMATION REGARDING THIS CHILD THAT YOU FEEL THE COURT SHOULD BE AWARE OF?