

INTAKE INTERVIEW FORM

****PLEASE READ THE FOLLOWING BEFORE YOU
START FILLING OUT FORM****

An intake is an investigation of your background which has been requested by the Twin Falls County Prosecutor's Office in conjunction with the Twin Falls County Juvenile Probation Department. This intake assists the Juvenile Intake Officer and Juvenile Prosecuting Attorney in determining the proper level of intervention and/or proper sentence for each pending criminal charge.

PLEASE FILL THIS OUT CAREFULLY AND COMPLETELY. DO NOT GIVE FALSE INFORMATION to the Intake Officer either verbally or in writing. Failure to comply may be brought to the attention of the Court. Complete this form in your own handwriting.

You and your parent(s) are required to appear in person for your interview at the Juvenile Probation Department, located at 650 Addison Ave. W. Ste. 3100, Twin Falls, Idaho, as instructed. ***Should you have any questions, please call (208) 736-4215 ext. 3110.***

**Please bring a copy of your most recent grades from
school to your appointment.**

Date: _____

Intake Officer: _____

TO BE COMPLETED BY THE JUVENILE
(Please complete in your own handwriting)

Date Completed:_____

YOUR LEGAL NAME:_____

(First) (Middle) (Last)

OTHER NAMES YOU HAVE USED:
(nickname/aliases)_____

CURRENT ADDRESS:_____

Street Apartment # P.O. Box

City State Zip

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____

HOME PHONE NO:_____ CELL PHONE: _____

SCHOOL CURRENTLY ATTENDING: _____ GRADE: _____

DATE OF BIRTH:_____

DO YOU HAVE A VALID DRIVERS LICENSE: _____ STATE: _____

DRIVER=S LICENSE NUMBER: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS:_____

HEIGHT: _____ WEIGHT: _____ SEX: _____ EYE COLOR: _____

HAIR COLOR: _____ RACE: _____

LIST ANY SCARS, TATTOOS OR BIRTHMARKS: _____

EMPLOYER:_____ WORK PHONE NO:_____

NAME OF NEAREST RELATIVE: _____ PHONE:_____

CUSTODIAL INFORMATION:

/ / MOTHER ONLY
/ / FATHER ONLY
/ / BOTH PARENTS
/ / OTHER: _____

CRIMINAL HISTORY

LIST **ALL** PREVIOUS OFFENSES YOU HAVE COMMITTED IN WHICH LAW ENFORCEMENT AND/OR PROBATION DEPARTMENT WERE INVOLVED.

(CHARGES, LOCATION, SENTENCE, IF ANY)_____

CIRCUMSTANCES OF THE CRIME FOR WHICH YOU ARE APPEARING IN COURT:

Please write your version of the crime. Stick to the facts, but explain in detail **HOW** and **WHY** the crime occurred. _____

LOOKING BACK ON IT NOW, HOW DO YOU FEEL ABOUT YOUR INVOLVEMENT IN THIS CRIME? _____

WAS ANYONE WITH YOU WHEN YOU COMMITTED THIS CRIME? IF YES, WHO_____

JUVENILES SELF EVALUATION

DESCRIBE HOW YOU SEE YOURSELF?_____

HOW DO YOU THINK OTHERS SEE YOU?_____

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH:

FATHER?_____

MOTHER?_____

STEP-PARENT (IF APPLICABLE)?_____

SIBLINGS?_____

FRIENDS: _____

HOW ARE YOU DISCIPLINED AT HOME? _____

WHAT IS IMPORTANT TO YOU IN LIFE? _____

WHAT ARE YOUR IMMEDIATE AND FUTURE GOALS? _____

HOW ARE YOU GOING TO REACH THESE GOALS? _____

JUVENILE ALCOHOL AND DRUG USE

HOW OLD WERE YOU WHEN YOU FIRST DRANK ALCOHOLIC BEVERAGES? _____
WHAT ALCOHOLIC BEVERAGES HAVE YOU USED? _____

HOW OFTEN DO/DID YOU DRINK ALCOHOL? _____
WHEN WAS THE LAST TIME YOU DRANK ALCOHOL? _____

HOW OLD WERE YOU WHEN YOU FIRST USED AN ILLEGAL DRUG? _____

HOW OFTEN DO/DID YOU USE DRUGS? _____

WHAT DRUGS HAVE YOU USED? _____
WHEN WAS THE LAST TIME YOU USED AN ILLEGAL DRUG? _____

HAVE YOU EVER HAD AN ALCOHOL/SUBSTANCE ABUSE EVALUATION? _____

IF YES, WHERE AND WHEN? _____

HAVE YOU EVER BEEN THROUGH ALCOHOL/SUBSTANCE ABUSE TREATMENT? _____
IF YES, WHERE AND WHEN? _____

JUVENILES INTERESTS AND ACTIVITIES

WHAT EXTRACURRICULAR ACTIVITIES ARE YOU INVOLVED WITH? (Include employment and church activities)

WHAT DO YOU ENJOY DOING IN YOUR SPARE TIME?

HAVE YOU EVER BELONGED TO A GANG? _____

IF YES, GIVE DETAILS _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN
FAMILY HISTORY

NATURAL FATHER:_____ AGE:_____

ADDRESS:_____

EMAIL ADDRESS:_____

TELEPHONE NUMBER:_____ WORK NUMBER:_____

EMPLOYER:_____ OCCUPATION:_____

DATE OF BIRTH_____ SOCIAL SECURITY #: _____

NATURAL MOTHER_____ AGE:_____

ADDRESS:_____

EMAIL ADDRESS:_____

TELEPHONE NUMBER:_____ WORK NUMBER:_____

EMPLOYER:_____ OCCUPATION:_____

DATE OF BIRTH_____ SOCIAL SECURITY #: _____

STEPFATHER (if applicable)_____ AGE:_____

ADDRESS:_____

EMAIL ADDRESS:_____

TELEPHONE NUMBER:_____ WORK NUMBER:_____

EMPLOYER:_____ OCCUPATION:_____

DATE OF BIRTH_____ SOCIAL SECURITY #: _____

STEPMOTHER (if applicable)_____ AGE:_____

ADDRESS:_____

EMAIL ADDRESS:_____

TELEPHONE NUMBER:_____ WORK NUMBER:_____

EMPLOYER:_____ OCCUPATION:_____

DATE OF BIRTH_____ SOCIAL SECURITY #: _____

SIBLINGS:

Name:	Age:	Brother/Sister	Relationship: full sibling, half or step

Please use back of paper if more room is needed

Please list everyone who lives in your home: (include older siblings, younger siblings, grandparents, aunts, uncles, long term parental partners, short term parental partners, juveniles partner, juveniles child, juveniles friends, family friends, parents roommate, etc.)

<u>Name:</u>	<u>Age:</u>	<u>Relationship:</u> (brother, half-sister, aunt, etc.)	<u>Problem History:</u> alcohol abuse, drug abuse, mental health, employment , jail/imprisonment etc.

Please use back of paper if more room is needed

ANNUAL COMBINED INCOME OF MINOR AND FAMILY:
NUMBER OF PERSONS IN HOUSEHOLD: _____
ESTIMATED TOTAL YEARLY INCOME: \$_____

EDUCATION

***IF YOUR CHILD IS HOME SCHOOLED YOU MUST PROVIDE PROOF FROM THE CERTIFIED PROGRAM AND THE MOST RECENT GRADES.**

NAME OF SCHOOL YOUR CHILD ATTENDS: _____

GRADE LEVEL: _____

WHAT KIND OF GRADES IS YOUR CHILD GETTING? _____

DOES YOUR CHILD HAVE ANY TRUANCIES? _____

HAS YOUR CHILD EVER HAD TO REPEAT A GRADE? _____ IF YES, WHICH ONE (S) AND WHY? _____

HAS OR IS YOUR CHILD IN RESOURCE CLASSES OR ON AN IEP? _____

HAS YOUR CHILD EVER BEEN SUSPENDED FROM SCHOOL? _____ IF YES, WHICH GRADES AND WHY? _____

HAS YOUR CHILD EVER BEEN EXPELLED FROM SCHOOL? _____ IF YES, WHICH GRADES AND WHY? _____

LIST ALL OF THE SCHOOLS YOUR CHILD HAS ATTENDED FROM KINDERGARTEN TO THE PRESENT _____

ARE THERE ANY OTHER SCHOOL CONCERNS THAT NEED TO BE ADDRESSED? _____

MENTAL HEALTH

HAS YOUR CHILD EVER RECEIVED PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT OR COUNSELING? _____ IF YES, WHEN? AND WHAT COUNSELOR?

WHEN DID YOUR CHILD BEGIN COUNSELING? _____

HOW OFTEN DID YOUR CHILD ATTEND COUNSELING? _____

IS YOUR CHILD CURRENTLY IN COUNSELING? _____

IF HE/SHE IS NOT RECEIVING COUNSELING, DO YOU FEEL THEY NEED TO?

_____ YES _____ NO

HAS YOUR CHILD EVER BEEN PHYSICALLY ABUSED? _____ IF YES, WHEN AND BY WHOM? _____

HAS YOUR CHILD EVER BEEN SEXUALLY ABUSED? _____ IF YES, WHEN AND BY WHOM? _____

HAS YOUR CHILD EVER ATTEMPTED SUICIDE? _____

IF YES, PLEASE GIVE DETAILS _____

PHYSICAL HEALTH

HOW IS YOUR CHILDS GENERAL PHYSICAL HEALTH? _____

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? _____

IF YES, WHAT AND HOW MUCH? _____

IS YOUR CHILD COVERED BY MEDICAL INSURANCE? _____ IF YES, PLEASE LIST PROVIDER OF INSURANCE POLICY. _____

AS PARENTS, HOW HAVE YOU HANDLED THIS CURRENT SITUATION? _____

ARE THERE ANY OTHER CONCERNS THAT NEED TO BE ADDRESSED? _____



10 THINGS I LIKE ABOUT MY TEEN

List up to 10 of your teen's strengths or positive qualities. These can be things in the present or past, and can include things like fond memories, aspects of your teen's personality, their relationships with family members or others, accomplishments, kindness, style, or obstacles they've overcome.

1

6

2

7

3

8

4

9

5

10

Fill in your teen's:



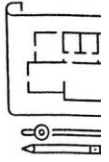
Breaking Ground Status



Ultimate Product



5 THINGS I WANT FOR MY TEEN



1

2

3

4

5

Twin Falls County Juvenile Probation
650 Addison Ave. W. Ste. 3100
Twin Falls, Idaho 83301
208-736-4215 x3110
Fax: (208) 736-4222
Email: _____

Authorization for Release of Information

At the request of Type text here, the person signing below, please release the following information to the Twin Falls County Juvenile Probation Department:

1. Official school administrative data (grade level completed, grades, transcripts, class standing, attendance record);
2. Standardized Achievement Test Scores;
3. Intelligence and Aptitude Test Scores and evaluations;
4. Personality and Interest Test Scores;
5. Teacher and Counselor Observations and Rating;
6. Record of Extracurricular Activities;
7. Family Background data;
8. Medical Records;
9. Psychological Records, Mental Health Assessments, treatment plans, and records;
10. Alcohol/Substance Assessments, Evaluations, and treatment plans;
11. Information/Recommendations of counseling sessions, counseling notes, and or reports; and
12. Criminal History records.

I understand, by signing this authorization, that it will expire upon my completion of juvenile probation; that I have the right to revoke this authorization in writing except to the extent the authorization has been relied on by the covered entity or juvenile probation; and that a health care provider, health care clearinghouse, or health plan may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization. Any copy of this authorization shall authorize the release of records.

Signature of Juvenile

Date

Signature of Parent/Guardian

Date

Signature of Juvenile Probation Officer

Date

Juvenile Probation Consent for Medical and/or Emergency Treatment

I _____, parent1 of _____, a minor child, hereby give my consent to the Twin Falls County Juvenile Probation (hereafter "County") and its legal representatives, agents, employees, and assigns, to furnish and/or solicit to furnish health care services to my minor child, including any health care service for the diagnosis, screening, examination, prevention, treatment, cure, care, or relief of any physical or mental health condition, illness, injury defect or disease of my minor child, while they are under the supervision of the County.

If my child is injured or ill while under the supervision of the County, I hereby give permission to the County to provide first aid for said child and to take the appropriate measures, including contacting Emergency Medical Services (EMS), and arranging for transportation to the nearest medical facility. Juvenile Probation will make every effort possible to contact the parent concerning medical and or mental decisions.

Furthermore, I give my consent to County to arrange for routine medical and/or dental care and/or mental health treatment on behalf of the above-named minor child as ordered by a Court of competent jurisdiction.

X _____
Parents Initial

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on the condition of my minor child and that I am responsible for all reasonable charges in connection with the transportation, care, and treatment rendered to my minor child during his/ her supervision by Juvenile Probation and will pay the same. I further authorize that this consent will be valid until my child's 18th birthday.

X _____
Parents Initial

I understand that I retain the right and duty to make decisions concerning the furnishing of health care services to my above-named minor child. By signing this document, I am giving a blanket consent to County to furnish and/or solicit to furnish health care services, as ordered by the Court, to my minor child while they are under the supervision of the County.

X _____
Parents Initial

Furthermore, notwithstanding a court order to the contrary, I understand that I can revoke my consent to allow the County to furnish and/or solicit to furnish health care services to my minor child in writing at any time.

X _____
Parents Signature

Date

1 Parent means a biological parent of a child, an adoptive parent of a child, or an individual who has been granted exclusive rights and authority over the welfare of a child under state law. See I.C. § 32-1015(1)(f).

**TWIN FALLS COUNTY
JUVENILE PROBATION OFFICE**

FEE SCHEDULE	
FORMAL PROBATION	\$30.00 per month
INFORMAL ADJUSTMENT WITH TERMS	\$30.00 per month
DIVERSION / DRUG DIVERSION	\$100.00
ELECTRONIC MONITORING HOOK-UP	\$35.00 per hook-up
GPS ELECTRONIC MONITORING	\$4.00 per day
Single Drug Tests/Nicotine	\$2.80 <u>per drug tested</u>
12-Panel Drug Test	\$10.00
Specialty Test – Hayze	\$8.00 per test
LAB - REDWOOD TOXICOLOGY	Actual cost billed by lab
ETG –ALCOHOL	\$4.25
ETG –DIPSTICK JPO office	\$5.00
Missed or late Appointment (w/scheduled Interpreter/Translator)	\$25.00
Community Service – Rescheduling Fee	\$10.00
<u>*FEES DUE AT TIME OF SENTENCING:</u>	
<u>*COURT FEE</u>	<u>\$20.00 per case</u>
<u>*WORKMANS COMPENSATION INSURANCE FOR COMMUNITY SERVICE WORK</u>	<u>.60 per each hour of community service ordered</u>
<u>*PUBLIC DEFENDER FEE</u>	<u>Minimum of \$50.00</u>

Please Note: If you are ordered any fees, including monthly probation fees, by the Court you will not receive a bill from the Probation Department. These fees will accumulate monthly in the Court's Odyssey system. Your account is expected to be paid in full by the end of your probation term. Fee information can be found on your Disposition paperwork. The Court does not send monthly invoices/bills. You may still receive a monthly bill from the probation department for miscellaneous fees.

What is Diversion?

Diversion is a program offered by Twin Falls County Juvenile Probation for Youth who have violated the law. When the Prosecutor's Office receives a charging request from Law Enforcement, the Prosecutor reviews the charging request and decides to either file charges formally in Juvenile Court or refer the youth to Diversion. For Youth who are referred to Diversion, typically it is the first time they have been in trouble with the Law and the Prosecutor wants to give the Youth an opportunity to not have a Juvenile Criminal Record.

What is the Diversion process?

- The Youth and parent(s) receive a letter in the mail that states the youth has been referred to the Twin Falls County Diversion Program. That letter schedules the youth and parent(s) for an Intake appointment to meet with either a Juvenile Diversion Officer or Juvenile Probation Officer.
- The youth and the parent attend the appointment and in the appointment, the Officer who is meeting with them will explain what the charge is and go over their Miranda Rights.
- The youth will then be requested to explain what they did to violate the Law. If the youth states that they didn't do what they are being accused of then the Officer will explain that they will refer the case back to the Prosecutor and the Prosecutor will decide how to handle the case.
- If the youth admits to wrong doing then the Officer interviews the youth and family and determines to either keep the case "In-House" with either a Diversion Officer or a Probation Officer and place the Youth on a contract or refer to a "Diversion Board" to be placed on a contract. The length of the Diversion contract varies. Possible items listed on a youth's contract could be but are not limited to community service (with a non-profit organization), online education course(s), an essay on what the youth learned from the online course, a letter of apology, victim restitution, counseling, provide grades every 4 weeks, random drug testing, etc..
- If the youth is kept on an In-House Diversion, the Officer will complete the contract and have the youth and parent(s) sign and set a follow-up appointment.
- If the youth is referred to the Diversion Board (staffed by volunteers from our community who have had background checks) they will be set with a Diversion Board in either Twin Falls, Buhl, or Kimberly on a Wednesday evening. ~ The Twin Falls Diversion Board meets at Juvenile Probation on the 2nd Wednesday of the month ~ Buhl Diversion Board meets at the Buhl Chamber of Commerce on the 3rd Wednesday of the month ~ Kimberly Diversion Board meets at the Ageless Senior Center on the 4th Wednesday of the month.



Twin Falls County
Idaho

WHAT IS DIVERSION – STANDARD DIVERSION TERMS

1. Diversion is a way of dealing with the offense(s) for which you are referred without involvement in the traditional juvenile court process. With respect to the referred offense(s), if you are successful in the diversion program no criminal charges will be filed against you, you will not be required to go to court, and there will be no trial before a judge.
2. You have the option of having an attorney present with you at all diversion meetings. If you wish to have an attorney present at a diversion meeting, you must hire a private attorney at your own expense and, if necessary, reschedule this appointment.
3. If you choose to participate in the diversion program, you must be willing to admit to the behavior that is reflected in the police report. You must agree to follow both the standard diversion terms as well as individual diversion terms. You will be expected to complete all of the terms of diversion within the time frame required by your diversion officer. Failure to complete the required conditions is a violation of diversion and may result in the file being returned to the prosecutor's office. Thereafter the prosecutor may file a petition against you, causing you to be brought before the Court for a hearing.
4. If you agree to participate in the diversion program you will be required to pay a program fee. This fee must be paid within 30 days of agreeing to the standard and individual terms of diversion and the signing of those terms. The diversion fee will cover the costs of all programming provided by Twin Falls County Juvenile Probation/Diversion. Participation in the diversion program may include referrals to an outside agency for treatment or other programming. You will be responsible to pay the costs of any outside referrals.
5. The diversion program has a zero-tolerance policy toward drug and alcohol use, and any use of illegal drugs or alcohol during your participation in the diversion program is a violation of the terms of diversion and may result in your case being referred to the prosecutor. Throughout the course of the program you may be subjected to testing to determine whether you have used alcohol or illegal drugs. As such, to participate in the program you must voluntarily agree, with the consent of your parents, to drug and alcohol testing. If you are subjected to such testing and that testing indicates that you have used illegal drugs or alcohol during the time that you are in the diversion program, you may be referred for drug education, counseling, or treatment, or your case may be referred back to the prosecutor. Positive drug tests may be sent to an appropriate laboratory for drug verification and a determination of the level of drugs in your system, the cost of which will be borne by you and your parents. Furthermore, any refusal to take a requested drug test or any failure to submit to a drug test within a period of time specified by the diversion officer is a violation of diversion and may result in the referral of your case to the prosecuting attorney. Note: You are responsible for payment of all positive or "fail to produce" test according to the fee schedule provided.
6. The commission of any additional violations of the law is a violation of the diversion program and may result in your removal from the diversion program and referral of your case to the prosecutor; the commission of additional violations of the law may also bar your ability to go through the diversion program again.
7. The diversion file, which contains the police report and standard and individual diversion terms, is private and confidential and is not open to the general public. The diversion file is available, however, to the prosecutor, law enforcement, Twin Falls County Juvenile Probation.
8. Your diversion information is accessible by juvenile justice personnel and the prosecutor's office. If you have no further involvement with the juvenile court after successful completion of the diversion program, your diversion file will be destroyed, and your case will be archived from the computer system when you turn 18 years of age.
9. It should be understood that there are exceptions to confidentiality. This means the diversion officer will be required to report: (A) Any disclosed physical or sexual abuse (B) Any disclosed intent to harm yourself or another. (C) Any disclosed details of a crime committed that was not reported.
10. You do not have to agree to follow the standard and individual diversion terms and participate in the diversion program. However, you must understand that if you choose not to participate in diversion, the prosecuting attorney may file a charge(s) against you. If a charge is filed and you admit to or are found guilty of the charge, the potential consequences could include, but are not limited to, commitment to the Department of Juvenile Corrections, detention, placement on probation, fees, community service, waiver of Fourth Amendment Rights, loss of driving privileges, and other terms of probation deemed appropriate by the law and the sentencing judge.