North Carolina Department of Public Safety

Juvenile Justice – Court Services

Court Report
District __ / ____ County

SECTION I

JUVENILE INFORMATION

Legal File No				*NC-JOIN ID*	
Name (First, Middle, Last)			*Suffix*	*DOB*	*Gender*
Name Preferred	*Aliases*			*US Citizen*	*SSN* XXX-XX-____
Hispanic/Latino	*Race*	*Hair*	*Eyes*	*Height*	*Weight*
Other Identifying Marks					
Primary Physical Address	*Primary Mailing Address*	*Current Placement Address*			
County	*Resides With*				
Home Phone	*Cell Phone*	*Email*			

Juvenile Summary Narrative

EMPLOYMENT INFORMATION

FAMILY INFORMATION

ADULT CONTACTS

Name	*Relationship to Juvenile*	*Role*	*DOB*	*Marital Status*	
Criminal History	*CJ Leads*	*CJ Leads Charges*			
Primary Physical Address	*Primary Mailing Address*				
Home Phone	*Cell Phone*	*Email*			
Medical / Psychological Details					

JUVENILES AT HOME

Family Narrative

ASSOCIATED JUVENILES

PROFESSIONAL CONTACTS

SCHOOL INFORMATION

School		*School Type*	*Begin Date*	*End Date*
Grade	*Class Assignment*	*Dropped Out*	*HS Completion*	
Special Education				
Principal		*Phone*	*Email*	
Physical Address		*Mailing Address*		

School		*School Type*	*Begin Date*	*End Date*
Grade	*Class Assignment*	*Dropped Out*	*HS Completion*	
Special Education				
Principal		*Phone*	*Email*	
Physical Address		*Mailing Address*		

School Information Narrative

PROBLEM BEHAVIORS

Problem Behavior Narrative

CONSENT FORMS

MEDICAL / PSYCHOLOGICAL INFORMATION

Insurance Information

Insurance Company	*Begin Date*	*End Date*	*Insurance Type*	*Policy / Case Number*	*Distributed Health Check / NC Health Choice*

Medical / Mental Health

Medications

Mental Health Evaluation

Medical / Psychological Narrative

ASSESSMENTS

Criminal Gang Assessments

Assessment Type	County	Completed By	Date Created	Date Completed	Outside Office Hours
Reason Not Given					

Assessment Type	County	Completed By	Date Created	Date Completed	Outside Office Hours
Score	Outcome				

Mental Assessments

Educational Assessments

YASI ASSESSMENTS

Date Created	Date Administered	Administered By	County
Assessment Type	PS Level/Score	FA Needs Level/Score	FA Strengths Level/Score

Date Created	Date Administered	Administered By	County
Assessment Type	PS Level/Score	FA Needs Level/Score	FA Strengths Level/Score

RESOURCE ASSIGNMENTS

PROGRAM ASSIGNMENTS

Programs Used / Attempted Narrative

CLOSED COMPLAINTS AND DIVERSION HISTORY

Closed Complaints History

Offense Alleged	GS #	Class	Date of Decision
Closed Reason			Date of Completion

Diversion History

SECTION II

COURT HISTORY

Hearing(s)	Date	County of Hearing	Disposition Level / Points

Offense Alleged / Amended	GS #	Class	Offense Date	Outcome(s)

Orders of the Court
The order is currently active.

Additional Level 1 Term(s)

Approved Complaints

Offense Alleged	GS #	Class	Offense Date

Recommended Conditions

Created Date	Completed By	County	Offense Type	Offense Classification	Disposition Level / Points

Level 1: Community Dispositions

The juvenile be placed on probation, under the supervision of a court counselor.

Probation ordered on for X Month(s) and X Day(s),

The juvenile cooperate with the following for X months:

a community based program: TBD

Supplemental Order Conditions of Probation (Delinquent)

Supplemental Order to Parent, Guardian or Custodian (Undisciplined/Delinquent)

Signature of Court Counselor _____ Date _____

Signature of Chief Court Counselor or Designee _____ Date _____