

Luzerne County
Juvenile Application for Public Defender

Juvenile Information

Name: _____

Current Charges: _____

Street Address: _____ City: _____ State: _____ Zip _____

U.S. Citizen: Y N If not, Country of citizenship: _____ Immigration Status: _____

DOB: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

SS# _____ Drivers License # _____

Scars/Marks/Tattoos _____

Juvenile Home Phone: _____ Juvenile Cell Phone _____ Cell Text: Y N

Juvenile E-Mail: _____

Name of person with whom the juvenile lives? _____

Relationship with person where juvenile living: () parent () grandparent () other: _____

Father's Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Father's Home #: _____ Cell #: _____

Mother's Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mother Home # _____ Cell #: _____

Siblings:

- 1) _____ Age: _____
- 2) _____ Age: _____
- 3) _____ Age: _____
- 4) _____ Age: _____

Delinquency History

Has the juvenile been arrested before? Y N Unsure

If yes how many times: _____

Year and Charges:

1) _____

2) _____

3) _____

Has the client been to court before? Y N Unsure

1) When _____ Why _____

Outcome: _____

2) When _____ Why _____

Outcome: _____

Has the juvenile been represented by an attorney before? Y N

If yes who? _____

Has the juvenile been on probation? Y N Unsure

Probation Officer: _____

State and County of Probation: _____

Conditions of Probation: () Mental Health Treatment () Drug/Alcohol Treatment

() Other: _____

Length of Supervision: _____

Education and Truancy

Is the juvenile in school now? Y N Unsure

Where: _____

What Grade: _____

Grade Average: _____

Graduated? Y N Unsure School: _____

If not in school and did not graduate: Last grade completed: _____ School: _____

GED? Y N Unsure Drop out? Y N Unsure

Regular class IEP Class

If IEP what kind:

1) Learning Support Y N

2) Emotional Support (ADD/ADHD) Y N

3) Other _____

Does the juvenile go to school all the time? Y N

How many days a week does the juvenile go to school? _____

Is there anything happening at school that makes the juvenile not want to go? Y N

What is it?

Juvenile's educational/career goals:

Employment and Activities

Does the juvenile have a Job? Y N

If yes what is it? _____

How long? _____

Activities

Sports Y N Which: _____

Religious Y N Which: _____

Volunteering/public service: _____

Other: _____

Present Health, Drug/Alcohol and Mental Health History

Does the juvenile currently see a doctor or counselor/agency for serious physical, drug/alcohol, behavioral or mental health type problems? Y N

Diagnosis, if known: _____

Who? _____ Where? _____ How often? _____

Who? _____ Where? _____ How often? _____

Is the juvenile prescribed any medication? Y N Unsure

If yes, what? _____

Past Health, Drug/Alcohol and Mental Health History

Has the juvenile ever been previously hospitalized or treated by a doctor/counselor/agency for behavioral, serious physical, drug/alcohol or mental health problems? Y N

Hospital/doctor/agency/counselor that provided treatment: _____

Diagnosis, if known _____

When treatment provided: _____

FILL OUT ONLY IF DETAINED

Is the juvenile in detention? Y N

If Yes where? _____

Does he/she feel safe in detention? Y N

If no why? _____

Address where juvenile wants to live? _____

With whom? _____ Phone # _____

Relationship to juvenile: _____

Will this person come to court? Y N Unsure

Alternate address where juvenile will agree to live: _____

With whom? _____ Phone# _____

Relationship to juvenile: _____

Will this person come to court? Y N Unsure

Is there anything else the juvenile wants to tell the attorney or judge?

Juvenile's Signature

X _____ Date: _____

Parent's Signature

X _____ Date: _____

X _____ Date: _____

