

**BANNOCK COUNTY JUVENILE COURT  
SOCIALHISTORY FORM**

**PLEASE PRINT**

1. _____	Juvenile Name	Date of Birth	Age	City/State – Born
2. _____	School Attending	Grade	GPA	Suspended from School Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Mother: _____ Maiden Name: _____ S.S. # _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Phone: _____	Father: _____ S.S. # _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Phone: _____	Guardian: _____ S.S. # _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Phone: _____		
4. How long has child been a resident of Bannock County: _____ Juvenile lives with: _____ Name of siblings: _____ Name: _____ Name: _____	How related to juvenile: _____ Age: _____ Age: _____ Age: _____			
5. Juvenile lived in last 5 years: _____				
6. Has juvenile been charged with any crimes prior to this charge? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what charges? 1. _____ 2. _____ 3. _____ Other charges pending? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what charges? 1. _____ 2. _____ 3. _____				
7. Has juvenile previously been on Probation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where: _____ Date: _____				
8. Does juvenile have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>				
9. Is juvenile receiving medical care, why? _____ Type of medication: _____ Allergies: _____				
10. Is juvenile employed? If so, where: _____				
11. Does family and/or juvenile receive Social Security/Disability or other Government Benefits? If so, list: _____				

**I VERIFY THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE**

Juvenile Signature/Date

Parent/Guardian Signature/Date