

# Diversion

## YOUTH DEMOGRAPHICS

\*First Name:

Middle Name:

\*Last Name:

\*Date of Birth:

\*Race:

\*Gender:

Self-reported Race/Ethnicity:

NE Student ID:

## CONTACT INFORMATION

Address:

City:

State:

Zip:

\*County of Residence:

Primary Phone #:

Cell Phone #:

Alternative Phone #:

Email address:

## SCHOOL INFORMATION

\*School Enrollment (pick one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Enrolled/Attending | <input type="checkbox"/> Suspended                   | <input type="checkbox"/> Expelled        |
| <input type="checkbox"/> Home schooled      | <input type="checkbox"/> HS Graduate/GED, no college | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Drop Out           | <input type="checkbox"/> Alternative School          | <input type="checkbox"/> Unspecified     |

\*School name:

\*Current Grade:

## FAMILY INFORMATION

Family size:

Youth Employed:

Eligible for Free/Reduced Lunch (y/n):

Family Income (pick one):

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> \$0-\$9,999 | <input type="checkbox"/> \$10,000-\$24,999 | <input type="checkbox"/> \$25,000-\$39,999 | <input type="checkbox"/> \$40,000 or over |
|--------------------------------------|--|--|---|

\*Custody/Guardianship (pick one)

- |  |                                       |                                   |  |                                       |
|--|---------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Guardian | <input type="checkbox"/> State Ward/Ward of the Tribal Court | <input type="checkbox"/> Lives on Own |
|--|---------------------------------------|-----------------------------------|--|---------------------------------------|

Interpreter needed?

- |                                      |   |   |                             |
|--------------------------------------|---|---|-----------------------------|
| <input type="checkbox"/> Yes-- youth | <input type="checkbox"/> Yes -- parents | <input type="checkbox"/> Yes- youth and parents | <input type="checkbox"/> No |
|--------------------------------------|---|---|-----------------------------|

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If yes, what language?

**REFERRAL/ENROLLMENT INFORMATION**

\*Referral Date:

\*Referral Source:

Teen Court:  Yes

No

Petition field:  Yes

No

Crossover:  Yes

No

Intake Date:

Intake Time:

\*Enrolled Date:

Contact Person/Case Worker:

Prior Legal Violations:

Prior Case Diverted:

Notes: