

DIVERSION SOCIAL HISTORY

Date: _____

Juvenile's Legal Name: _____

Biological Sex: _____ Identified Gender: _____ Preferred Name: _____

Address: _____

Home #: _____ Cell #: _____

E-mail address: _____

Mother's Name: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail address: _____

Father's Name: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail address: _____

CRIMINAL HISTORY

Score

Age at first offense: The age at the time of the offense for which the youth was referred to juvenile court for the first time on a non-traffic misdemeanor or felony that resulted in a conviction, diversion, or deferred disposition.	0-Over 16 1-16 2-15 3-13 to 14 4-Under 13	
Misdemeanor referrals: Total number of referrals in which the most serious offense was a non-traffic misdemeanor that resulted in a conviction, diversion, or deferred disposition (regardless of whether successfully completed).	0-None or one 1-Two 2-Three or four 3-Five or more	
Felony referrals: Total number of referrals for a felony offense that resulted in a conviction, diversion, or deferred disposition (regardless of whether successfully completed)	0-None 2-One 4-Two 6-Three or more	
Weapon referrals: Total number of referrals in which the most serious offense was a firearm/weapon charge that resulted in a conviction, diversion, or deferred disposition (regardless of whether successfully completed).	0-None 1-One or more	
Against person misdemeanor referrals: Total number of referrals in which the most serious offense was an against-person misdemeanor that resulted in a conviction, diversion, deferred disposition (regardless of whether successfully completed).	0-None 1-One 2-Two or more	
Against person felony referrals: Total number of referrals for an against-person felony that resulted in a conviction, diversion, or deferred disposition (regardless of whether successfully completed).	0-None 2-One or two 4- Three or more	
Disposition orders where youth served at least one day confined in detention: Total number of disposition orders in which youth served at least one day physically confined in a county detention facility. A day served includes credit for time served.	0-None 1-One 2-Two 3-Three or more	

Disposition orders where youth served at least one day confined under JRA: Total number of disposition orders in which the youth served at least one day confined under the authority of the Juvenile Rehabilitation Administration (JRA).	0-None 2-One 4-Two or more	
Escapes: Total number of attempted or actual escapes that resulted in a conviction.	0-None 1-One 2-Two or more	
Failure to appear in Court warrants: Total number of failures to appear in court that resulted in a warrant being issued. Exclude failures to appear for non-criminal matters.	0-None 1-One 2-Two or more	
Criminal History Score: (Maximum of 31 points)	TOTAL	

WASHINGTON SOCIAL HISTORY (Circle the appropriate number) Score

Youth's Gender	Male	1
School: School Youth attends: _____ Grade: _____ Tell me about your attendance in the last six months? _____ Tell me about your behavior in the last six months? _____ Suspensions or expulsions in the last six months? _____ Grades in the last six months? _____ Tell me about your employment and extracurricular activities?	No Problems Misconduct reported but no police calls, or some full day unexcused absences, or failing some classes Calls to police, or truancy petition or equivalent (10 unexcused absences in a year), or failing most classes Dropped out, expelled or suspended	0 1 2 2
Friends: How many friends do you have? _____ Describe your friends? _____ _____ What percentage of your friends are on probation? _____ Use drugs/alcohol? _____ In a gang?	No problems No friends or positive and negative friends All negative anti-social friends Gang member/associate	0 1 2 3
Court-ordered or voluntary out-of home and shelter care placements exceeding 30 days	None One or more	0 1

<p>Runaways or times kicked out of home: Include times the youth did not voluntarily return within 24 hours (include incidents not reported to law enforcement).</p>	<p>None One Two or more</p>	<p>0 1 2</p>
<p>Sibling (s), mother or father jail/imprisonment</p>	<p>None One or more</p>	<p>0 1</p>
<p>Parental rule enforcement and control:</p> <p>What home/school/civil consequences have you already received for the current charge? _____</p> <p>What are your home rules? _____ _____</p> <p>On a scale of 1-10 with 10 being the best, how often do you follow the home rules? _____ What would make it a 10? _____</p> <p>What are expectations regarding letting your parents know who you are with, what you are doing, and where you are going? _____</p> <p>How do you check in with your parents? What consequences do you receive if you violate a home rule?</p>	<p>Youth usually obeys and follows rules Sometimes obeys some rules Consistently disobeys and/or is hostile</p>	<p>0 1 2</p>
<p>Alcohol/Drug use:</p> <p>Alcohol: First use: _____ Last use: _____ Frequency of use: _____</p> <p>Marijuana: First use: _____ Last use: _____ Frequency of use: _____</p> <p>Other drugs used (methamphetamine, ecstasy, cocaine, mushrooms, inhalants, pills, amphetamines, spice, etc.)? _____</p> <p>Has your use of drugs or alcohol affected you in any of the major life areas: education__family__peers__health__ Tell me about any drug/alcohol assessments, education, or treatment you have received?</p>	<p>No problem</p> <p>Disrupted function or contributes to crime (Disrupted functioning involves problems in education, family conflict, peer relationships, or health consequences).</p>	<p>0 2</p>
<p>Victim of physical or sexual abuse:</p> <p>Tell me about any incidents where you have been physically or sexually abused. (Include any history that is suspected, whether or not substantiated). _____</p>	<p>No problem</p> <p>Victim of physical or sexual abuse</p>	<p>0 1</p>
<p>Victim of neglect:</p> <p>Tell me about any incidents where you have been neglected:</p>	<p>No problem</p> <p>Victim of neglect</p>	<p>0 2</p>

Mental Health Problems: Tell me about any mental health diagnosis you have received: _____ What medications are you prescribed? _____ _____ What treatment services have you or are you receiving, i.e., PSR, counseling, etc.? _____ _____	No problems Mental health problems (i.e., schizophrenia, bipolar, mood, thought, personality, and adjustment disorders. Exclude substance abuse and special education since those issues are considered elsewhere).	0 1
Social History Score (Maximum of 18 points)	TOTAL	

Risk Level Definitions Using Criminal History and Social History Risk Scores

Criminal History Score	Social History Score		
	0 to 5	6 to 9	10 to 18
0 to 2	Low	Low	Moderate
3 to 4	Low	Moderate	High
5 to 7	Low	Moderate	High
8 to 31	Moderate	High	High

RISK LEVEL: _____