**State of Wisconsin, Circuit Court,       County**

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| 1. Intake Case Number      | **Court Referral - Child/Juvenile****(Non-Law Enforcement Referral)** | 2. Court Case Number      |
| 3. **Child's/Juvenile's** Name (Last, First, Middle)      | 4. Alias/Nickname      | 5. Age     | 6. Date of Birth      | 7. Sex[ ]  Male [ ]  Female |
| 8. Child's/Juvenile's Street Address City State Zip Code      | 9. County of Residence      | 10. Race    | 1. White2. Black | 3. Asian4. Indian | 5. Other |
| 11. Home Telephone      | 12. School Attended/Place of Employment      | 13. Grade/Occupation      |
| 14. **Parent #1’s** Legal Name and Address           Legal Status: [ ] Alleged [ ]  Adjudicated [ ]  Presumed [ ]  Biological [ ]  Unknown | Marital Status      | **TELEPHONE** | Work:       Home:        |
| 15. **Parent #2’s** Legal Name and Address           Legal Status: [ ] Alleged [ ]  Adjudicated [ ]  Presumed [ ]  Biological [ ]  Unknown | Marital Status      | Work:       Home:        |
| 16. Guardian/Legal Custodian/Supervising Agency Address            | Marital Status      | Work:       Home:        |
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| 17. Name of Referring Agency Address      | 18. Telephone Number      |
| 19. Prior Record with Referring Agency: [ ]  No [ ]  Yes If yes, describe manner of handling: [ ]  Additional information attached. | 20. Name of Referring Person      |
|        |
| 21. Reason(s) for Referral: Statute Number(s):        Describe Allegation(s): [ ]  Additional information attached. |
|       |
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| **INTAKE INQUIRY RECOMMENDATION** | 22. Date Received      |
| 23. Interview Date and Time:      | 24. Present at Interview:      |
| 25. Custody Authorization:[ ]  Released [ ]  Detained Date:       Time:        [ ]  Nonsecure:        [ ]  Secure:        | 26. Prior Referrals to Intake:[ ]  No [ ]  Yes How Many?       |
| 27. Intake Recommendation - *Check all appropriate boxes.* |
| A. Case Closed [ ]  Dismissed - lacks jurisdiction [ ]  Counseled [ ]  Referred to Other County [ ]  Other: *(Specify)*        | B. Deferred Prosecution/Informal Disposition Agreement  Expires:       [ ]  Supervised Work Program:      hrs. [ ]  Informal Supervision [ ]  Other: *(Specify)*        | C. Formal Petition Requested [ ]  In Need of Protection/Services under ch. 48 [ ]  In Need of Protection/Services under ch. 938 |
| 28. Comments:      |
| 29. Name of Intake Worker/Agency      | 30. Signature | 31. Telephone      | 32. Date Recommended      |