**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. White  2. Black | | | | 3. Asian  4. 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: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
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| 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 | | | |