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

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| 1. Intake Case Number | | **Court Referral – Child/Juvenile**  **(Law Enforcement Referral)** | | | | | | | | | | 2. Court Case Number | | | | | | | | | | | | |
| 3. **Child's/Juvenile's** Name (Last, First, Middle) | | | | | 4. Child’s Alias/Nickname | | | | 5. Child’s Age | | | 6. Child’s Date of Birth | | | | | | | | | 7. Child’s Sex  Female  Male | | | |
| 8. Child's/Juvenile's Street Address City State Zip Code | | | | | | | 9. Child’s County of Residence | | | | | 10. Child’s Race | | | | 1. African American  2. Asian or Pacific Islander | | | | 3. American Indian or Alaskan Native  4. Hispanic | | | | 5. Caucasian  6. Unknown  7. Other |
| 11. Child’s Home Telephone | 12. Child’s School Attended/Place of Employment | | | | | | | | | | | | | | 13. Child’s 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 | | | | | | 18. Office Telephone | | | | | | | | | | | | 19. File/Case Number | | | | | | |
| 20. Prior Record with Referring Agency:  No  Yes  If yes, describe manner of handling:  Additional information attached. | | | | | | | | | | | 21. Name of Referring Officer | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Alleged Offenses:  Additional information attached.  Date(s) Statute Number(s) Offense | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Name of Accomplice(s) Address | | | | | | | | | | | Sex | | | | | | Birth Date  Mo/Day/Yr | | | | | | Referred to Court/Cited | |
|  | | | | | | | | | | | F  M | | | | | |  | | | | | | Yes  No | |
|  | | | | | | | | | | | F  M | | | | | |  | | | | | | Yes  No | |
|  | | | | | | | | | | | F  M | | | | | |  | | | | | | Yes  No | |
| 24. Name of Victim and Address | | | | | | | | | | 25. Parent(s) Notified:  No  Yes | | | | | | | | | | | | | 26. Date of Referral to Intake Office | |
| 27. Property loss or medical bills:  No  Yes Estimate $ | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTAKE INQUIRY RECOMMENDATION** | | | | | | | | | | | | | | | | | | | 28. Date Received | | | | | |
| 29. Interview Date and Time: | | | | 30. Present at Interview: | | | | | | | | | | | | | | | | | | | | |
| 31. Custody Authorization:  Released  Detained Date:       Time:        a.m.  p.m.  Nonsecure:  Secure: | | | | | | | | | | 32. Prior Referrals to Intake:  No  Yes How Many?  If juvenile alleged "Delinquent" under §938.12, Wis. Stats., attach prior referrals/disposition report to D.A.'s copy. | | | | | | | | | | | | | | |
| 33. 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:  Restitution: $  Supervised Work Program:       hrs.  Informal Supervision  Other: *(Specify)* | | | | | | | | | | | | C. Formal Petition Requested  Ordinance Violation - Civil  Traffic Offense  Delinquency  Waiver  In Need of Protection/Services under ch. 48  In Need of Protection/Services under ch. 938 | | | | | | | | | |
| 34. Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. Name of Intake Worker/Agency | | | 36. Signature | | | | | | | | | | | 37. Telephone | | | | | | | | 38. Date Recommended | | |