

Date: _____

BERKELEY COUNTY QUESTIONNAIRE FOR INCORRIGIBLE PETITION

Who suggested you sign an incorrigible petition? _____

Name of child: _____ Date of Birth: _____

Age: _____ Sex: _____ Social Security Number: _____

List any medications that the child is taking: _____

List any current and past counselors the child is seeing or has seen: _____

Name of child's school: _____ Grade: _____

Mother's Name: _____ Home Phone No.: _____

Address: _____

Work/Cell/Alt. No.: _____

Is this parent living with the child? _____

Father's Name: _____ Home Phone No.: _____

Address: _____

Work/Cell/Alt. No.: _____

Is this parent living with the child? _____

*Please give **DETAILED INFORMATION**, such as dates, number of times the incidents have occurred and any other pertinent information that may be helpful in preparing a juvenile petition.*

1. HAS THE CHILD HABITUALLY AND CONTINUALLY REFUSED TO RESPOND TO THE LAWFUL SUPERVISION OF HIS/HER PARENTS, GUARDIAN OR LEGAL CUSTODIAN, SUCH THAT THE CHILD'S BEHAVIOR SUBSTANTIALLY ENDANGERS THE HEALTH, SAFETY OR WELFARE OF THE JUVENILE OR ANY OTHER PERSON?

____/____/____ _____

___/___/___

___/___/___

___/___/___

2. HAS THE CHILD LEFT THE CARE OF HIS/HER PARENTS, GUARDIAN OR CUSTODIAN WITHOUT THE CONSENT OF SUCH PERSON OR WITHOUT GOOD CASUSE?

___/___/___

___/___/___

___/___/___

___/___/___

3. HAS THE CHILD BEEN HABITUALLY ABSENT FROM SCHOOL WITHOUT GOOD CAUSE?

___/___/___

___/___/___

___/___/___

PLEASE ANSWER AND EXPLAIN THE FOLLOWING QUESTIONS. IF ANY OF THE BELOW ANSWERS ARE "YES," PLEASE GIVE DETAILED INFORMATION TO SUPPORT YOUR RESPONSE. IF YOU DO NOT HAVE ENOUGH SPACE, PLEASE ATTACH ANOTHER SHEET TO THIS FORM.

Does the child use alcohol? _____

Does the child use drugs? _____

Has the child ever attempted suicide? _____

Has the child ever lived outside of your home? _____

Does the child display periods of destructive tendencies? _____ **If yes, please describe:** _____

Does the child physically or mentally abuse other members of the household? _____ **If yes, please state whom and describe the child's behavior or give example(s):** _____

Does the child have an option to live with another family member or legal guardian? _____

Does the child have any prior history in the juvenile system either as a delinquent or truant or other status offense? If so, please describe where the juvenile resided when this occurred and as many specific details about the history as possible. _____

Has the child ever worked with a social worker or case manager at the Department of Health and Human Resources? If so, who was the worker? _____

SIGNATURE OF PERSON COMPLETING PETITION

RELATIONSHIP TO JUVENILE