

Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Ext.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: \_\_\_\_\_\_\_\_\_\_

Case: \_\_\_\_\_ Probation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Teen Parent or Pregnant?: **YES** or **NO**  Has Job: **YES** or **NO**



Teen Defender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teen Prosecutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date NTA Sent: \_\_\_\_\_\_\_ Victim?: \_\_\_\_\_\_\_\_\_\_ Date VIS Sent: \_\_\_\_\_\_\_

Evidence?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evidence Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Fees: \_\_\_\_\_\_\_ Amt. Paid: \_\_\_\_\_\_\_ Pay Method: \_\_\_\_\_\_\_\_\_\_\_\_ Fee Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Juries Ordered: \_\_\_\_\_

Juries Violated: \_\_\_\_\_

Tentative dates scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual jury dates served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Service Hours: \_\_\_\_\_\_\_\_\_\_

Date All Community Service Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Referral Sent: \_\_\_\_\_\_\_\_\_\_\_\_

Class completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jail Tour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jail Tour Scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jail Tour Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ride Along: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ride Along Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Essay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Essay Words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Essay Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_

Mediation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Referral Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mediation Paid?: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mediation Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apology Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apology Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apology Completed Date \_\_\_\_\_\_\_\_\_\_\_

Drug Testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date test 1 paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_Dirty or Clean: \_\_\_\_\_\_\_\_\_\_\_

Date test 2 paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dirty or Clean: \_\_\_\_\_\_\_\_\_\_\_

Date test 3 paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirty or Clean: \_\_\_\_\_\_\_\_\_\_\_

Restitution: \_\_\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

View Drug/Alcohol Films: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

View D/A Films Complete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other 1 Complete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other 2 Complete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other 3 Complete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

