**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 American2. Asian or Pacific Islander | 3. American Indian or Alaskan Native4. Hispanic | 5. Caucasian6. Unknown7. 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 DateMo/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      |