

**BUFFALO COUNTY JUVENILE DIVERSION PROGRAM  
BUFFALO COUNTY ATTORNEY  
P.O. BOX 67  
KEARNEY, NE 68848**

**YOUTH INTAKE**

**YOUTH DEMOGRAPHICS**

Youth Name: _____		Phone Number: _____	
Address: _____		City: _____	State: _____ Zip: _____
Email Address: _____			
Do you live: alone    with father    with mother    with both parents    with relative    with others			
Age: _____		DOB: _____ Social Security Number: _____	
Youth's Phone: _____		Parent's Home Number: _____	
Parent's Work Number: _____		Your Gender:    Male                  Female	
Race: Alaskan Native		Asian/Pacific Islander	
American Indian		Black/African American	
Black/African American		Latino	
		White/Caucasian          Other	
Are you on probation for any offense?		YES	NO
Do you have any charges pending?		YES	NO
(If "yes" please stop and speak with your diversion officer) (if "yes" please stop and speak with your diversion officer)			

**SIBLINGS**

1) Name: _____	age: _____	5) Name: _____	age: _____
2) Name: _____	age: _____	6) Name: _____	age: _____
3) Name: _____	age: _____	7) Name: _____	age: _____
4) Name: _____	age: _____	8) Name: _____	age: _____
Are any of these siblings living outside of your home? YES    NO (If yes, please write which one and where they reside)			
_____			
What is your position age-wise in the family? (Oldest, Middle, Youngest?): _____			
Please describe our relationship with your brothers and sisters: _____			
_____			

## SCHOOL

What school do you attend: \_\_\_\_\_

What grade are you currently in:      6<sup>th</sup>      7<sup>th</sup>      8<sup>th</sup>      9<sup>th</sup>      10<sup>th</sup>      11<sup>th</sup>      12<sup>th</sup>

If not currently enrolled in school, what was the last grade you completed? \_\_\_\_\_ Graduate or GED

How do you feel about school? \_\_\_\_\_

Are you involved in extra-curricular activities:    YES    NO

If yes, which ones: \_\_\_\_\_

Do you have any difficulties in school or any learning disabilities?      YES    NO

## PARENT/LEGAL GUARDIAN

**Mother's Name:** \_\_\_\_\_ Bio      Adoptive      Foster      Step      Other

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Bio      Adoptive      Foster      Step      Other

Address: \_\_\_\_\_

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

Phone (home) : \_\_\_\_\_ Phone (work): \_\_\_\_\_

Are you a State Ward?    YES    NO      If yes, Case Manager's name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

**HEALTH**

How would you rate your overall health?    Very Poor    Poor    Average    Above Average    Excellent

Please explain why you rated your health as you did: \_\_\_\_\_

Are you currently on any medication?    YES    NO

If “yes” please list the medications and what they are for: \_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any physical limitations or need any special accommodations that we should aware of: \_\_\_\_\_

\_\_\_\_\_

Do you smoke? YES    NO

If “yes” please list what you smoke, how much and how frequently: \_\_\_\_\_

\_\_\_\_\_

Do you use any smokeless tobacco products?    YES    NO

Do you have any mental diagnoses?    YES    NO

If “yes” please list your diagnosis: \_\_\_\_\_

\_\_\_\_\_

Diagnosed by: \_\_\_\_\_ Date: \_\_\_\_\_

Physician / Psychiatrist: \_\_\_\_\_ Date: \_\_\_\_\_

**ARREST RECORD:**

If you had to come up with the one reason why you broke the law and have been referred to this program, what would that reason be? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been arrested for anything other than the present charge?    YES    NO

If “yes” please complete the following:

When were you arrested? \_\_\_\_\_

Where were you arrested? \_\_\_\_\_

Why were you arrested? \_\_\_\_\_

What happened with regard to that arrest? \_\_\_\_\_

**FRIENDS:**

Were you alone or with friends when this criminal violation happened?	ALONE	FRIENDS
Would you have been in the same situation if you were alone?	YES	NO
Do your parents like your “best” or closest friends?	YES	NO
If “no” what reasons do your parents give for not liking your friends? _____		
_____		
Have you ever done something because you were with your friends that you later regretted?	YES	NO
Do you think your friends influence you in any way?	YES	NO
If “yes” how do they influence you: _____		
_____		
_____		

**BEHAVIORS**

In the next six questions, circle the number that best describes your behavior.

	4 or more times	3 times	2 times	1 time	0 times
1. In the past six months, how often have you been embarrassed by things you did while drinking?	4	3	2	1	0
2. In the past six months, how often did friends or family hassle you about your drinking or the way you acted after you drank?	4	3	2	1	0
3. In the past six months, how many times did you argue with a good friend, girlfriend, or boyfriend about your drinking?	4	3	2	1	0
4. In the past six months, how many times did you drink two or more days in a row?	4	3	2	1	0
5. In the past year, how many times did you drink five or more drinks at one time?	4	3	2	1	0
6. In the past year, how many times did you drink five or more drinks at one time?	4	3	2	1	0

**ATTITUDES**

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Circle the number between “**Strongly Disagree**” and “**Strongly Agree**” that best represents how you feel about each statement.

	<b>Strongly Disagree</b>					<b>Strongly Agree</b>
1. I see nothing wrong with taking an LSD trip.	1	2	3	4	5	
2. I wish I could get a hold of some pills to calm me down whenever I get “uptight.”	1	2	3	4	5	
3. All drugs should be made freely available.	1	2	3	4	5	
4. I admire people who like to get stoned.	1	2	3	4	5	
5. As a general rule of thumb, most drugs are dangerous and should be used only with medical authorization.	1	2	3	4	5	

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**In the past three months have you used....**

<b>Never Used</b>	_____	<b>Age first used</b>	<b>How often do you use?</b>
Alcohol	YES NO	_____	_____
Pot	YES NO	_____	_____
Hash	YES NO	_____	_____
Speed	YES NO	_____	_____
Mescaline	YES NO	_____	_____
Cocaine	YES NO	_____	_____
Acid	YES NO	_____	_____
Inhalants	YES NO	_____	_____
Downers	YES NO	_____	_____
Prescription Drugs	YES NO	_____	_____
Other: _____	YES NO	_____	_____

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**Have You Ever...**

**ALCOHOL**

**DRUGS**

Have you ever hidden... \_\_\_\_\_

Have you ever fallen or been injured while using.... \_\_\_\_\_

Have you ever lied about how much you use... \_\_\_\_\_

Do you ever use more than you had planned on... \_\_\_\_\_

Are you comfortable in social gathering that involve... \_\_\_\_\_

Are you uncomfortable in social gatherings that involve... \_\_\_\_\_

Have you tried to quit using (by your own choice) within the past year.. \_\_\_\_\_

Do you become noisy or rowdy when using.... \_\_\_\_\_

Have you ever been in a physical fight when using... \_\_\_\_\_

Do you seem to use more than your friends do... \_\_\_\_\_

Would your friends dislike you if you didn't use... \_\_\_\_\_

Do you ever use before or on your way to school... \_\_\_\_\_

Do you ever use during school... \_\_\_\_\_

Does using ever give you courage or self-confidence... \_\_\_\_\_

Do you ever use to feel less self-conscious or more at ease around others... \_\_\_\_\_

Does using help you to make friends... \_\_\_\_\_

With whom do you use? \_\_\_\_\_

Where do you usually use? \_\_\_\_\_

Has anyone ever suggested to you that you cut down your usage? \_\_\_\_\_

If "yes", who: \_\_\_\_\_

How much can you use and drive safely? \_\_\_\_\_

\_\_\_\_\_

**SELF:**

Please list your hobbies: \_\_\_\_\_

Please write three words you would use to describe yourself:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Would you rather be: **by yourself** **with family** **at school** **at work** **with boy/girlfriend**

Would you rather have friends: **older than you** **younger than you** **same age as you**

Please complete the following statements:

I wish \_\_\_\_\_

I wish \_\_\_\_\_

I need \_\_\_\_\_

I need \_\_\_\_\_

I want \_\_\_\_\_

I want \_\_\_\_\_

Have you ever been involved in Cub Scouts?  YES  NO

Have you ever been involved in Boy Scouts?  YES  NO

Have you ever been involved in Girl Scouts?  YES  NO

THANK YOU VERY MUCH FOR COMPLETING THIS FORM!!

**(PLEASE BRING WITH YOU TO YOUR FIRST DIVERSION APPOINTMENT)**