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 ☐ Latino ☐
American Indian ☐ Black/African American ☐ White/Caucasian ☐ Other ☐
Black/African American ☐

Are you on probation for any offense? YES ☐ NO ☐ (If "yes" please stop and speak with your diversion officer)
Do you have any charges pending? YES ☐ NO ☐ (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: 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐

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

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

	Strongly Disagree				**Strongly Agree**
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 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☐

In the past three months have you used….

Never Used ___☐___		**Age first used**	**How often do you use?**
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☐	_____	_____

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 you 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)