2023 JUVENILE PROBATION REPORT WORKSHEET PART I – PRELIMINARY INQUIRIES

Time Period Covered in This Report

Quarter 🛛 1 🗖 2 🗖 3 🗖 4

| COUNTY: | |
|---------------|--|
| COURT(S): | |
| COURT I.D.: | |
| JUDGE'S NAME: | |
| CPO: | |

INDIANA OFFICE OF COURT SERVICES

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| PREPARED BY: | |
|----------------|--|
| TELEPHONE: | |
| EMAIL ADDRESS: | |

| | 1 | 2 | 3 | 4 |
|---|---------------------------|-----------------------|-----------------------------|-------|
| PART I (A) – REFERRALS | Non-Status Delinquents | Status Delinquents | Other (Specify Below) | TOTAL |
| A. Referrals Previously Pending | | | | |
| B. New Referrals | | | | |
| C. Total Referrals Before Probation Department (add lines A & B) | | | | |

PART I (B) - DISPOSITION OF REFERRALS

| D. | Preliminary Inquiry with Recommendation to File Petition | | |
|----|--|--|--|
| E. | Preliminary Inquiry with Recommendation to File Petition and refer for assessment by dual status assessment team | | |
| F. | Preliminary Inquiry with Recommendation to Informal Adjustment | | |
| G. | Preliminary Inquiry with Recommendation to Informal Adjustment and refer for an assessment by the dual status assessment team | | |
| H. | Preliminary Inquiry with Recommendation to Refer to Another Agency or County | | |

| | | 1 | 2 | 3 | 4 |
|----|---|---------------------------|-----------------------|-----------------------------|-------|
| | DISPOSITIONS OF REFERRALS CONT. | Non-Status Delinquents | Status Delinquents | Other (Specify Below) | TOTAL |
| I. | Preliminary Inquiry with Recommendation to Dismiss | | | | |
| J. | Preliminary Inquiry with Recommendation for Waiver | | | | |
| K. | Other Disposition of Referral (Specify below) | | | | |
| L. | Total Referrals Disposed (add lines D through K) | | | | |
| M. | Referrals Pending (Line C minus Line L) | | | | |

Please explain entries on Line K or Column 3 "Other."

PART II: SUPERVISIONS

| | Post-Adju | Post-Adjudication | | Informal Adjustment | | | | |
|--|---------------------------|-----------------------|---------------------------|------------------------|-------------------------|-------------------------|-----------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Non-Status Delinquents | Status Delinquents | Non-Status Delinquents | Status Delinquents | Intra State Accepted | Inter State Accepted | Other (Specify) | Total Supervisions |
| A. Supervisions Previously Pending | | | | | | | | |
| B. Supervisions Received | | | | | | | | |
| C. Supervisions Re-opened | | | | | | | | |
| D. Total Supervisions Before You (Add lines A through C) | | | | | | | | |

PART III: CLOSED AND INACTIVE SUPERVISIONS

| L. Supervisions Pending (line D minus line K) | | | | |
|--|--|--|--|------|
| K. Total Closed/Inactive Supervisions (Add lines E through J) | | | | |
| J. Other Closed/ Inactive Supervisions (Specify below) | | | | |
| I. Absconded | | | | |
| Removed from Supervision Because of New Offense | | | | |
| G. Modified & Committed to Correctional Facility (DOC) (New offense) | | | | |
| F. Modified & Committed to Correctional Facility (DOC) (Technical Violation) | | | | |
| E. Discharged (Closed Supervision) | | | | |

PART IV: STATUS OF PENDING SUPERVISIONS

| | Post-Adju | dication | | ormal stment | | | | |
|--|---------------------------|-----------------------|---------------------------|-----------------------|-------------------------|-------------------------|-----------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | _ | |
| | Non-Status Delinquents | Status Delinquents | Non-Status Delinquents | Status Delinquents | Intra State Accepted | Inter State Accepted | Other (Specify) | Total Supervisions |
| M. On Probation | | | | | | | | |
| N. Modified & Placed in an In-state Residential Facility (Technical Violation) | | | | | | | | |
| O. Modified & Placed in an In-state Residential Facility (New Offense) | | | | | | | | |
| P. Modified & Placed in an Out- of-state Residential Facility (Technical Violation) | | | | | | | | |
| Q. Modified & Placed in an Out-of-state Residential Facility (New Offense) | | | | | | | | |
| R. Placed in Community Transition Program (Actively Providing Services) | | | | | | | | |
| S. Intrastate Transferred Out | | | | | | | | |
| T. Interstate Transferred Out | | | | | | | | |
| U. Other (specify below) | | | | | | | | |
| V. Total Status (should equal Line L) | | | | | | | | |

Please explain entries in "other" categories from Parts II, III, and IV.

PART V: REPORTS, RISK ASSESSMENTS, SUBSTANCE ABUSE

- 1. How many predispositional reports were completed during the reporting period?
- 2. How many progress reports on the implementation of the Court's Decree were completed during the reporting period?
- 3. What is the total number of juvenile probationers under supervision with your department at the end of the reporting period?

4. Of the juveniles reported in question 3, how many were placed in the following workload categories/supervision levels?

- A. High _____
- B. Medium _____
- C. Low _____
- D. Administrative _____
- E. Total (A though D) _____
- 5. How many other juveniles did you have at the end of the reporting period that you were monitoring for administrative purposes? (These are in addition to the juveniles reported in question 3. Example: a juvenile has been released from probation, but the file is monitored for collection of fees.)
- 6. Of the supervisions received this quarter (Part II, Line B, Column 8), how many were convicted of a substance abuse offense as defined in the instruction manual?
- 7. Of the supervisions received this quarter (Part II, Line B, Column 8), how many were convicted of a sex offense as defined in the instruction manual?

Copies of this worksheet and an Instruction Manual are available on-line at: <u>www.courts.in.gov</u>

To obtain your password, please contact the Trial Court Technology Help Desk at 1-888-275-5822