IDAHO COUNTY COURT SERVICES

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YOUTH PREDISPOSITION INQUIRY GUIDE

CONFIDENTIAL DOCUMENT – NOT SUBJECT TO DISCLOSURE

Date of Interview: _____

Youth Identification

Youth's Name: _____Date of Birth: _____

Youth's Full Legal Name (if different): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

How long at this address? _____ Youth Email: _____

Home Phone: _____ Youth's Cell Phone: _____

Sex: _____Weight: _____Height: Hair Color (natural): _____Eye Color: _____

Race / Ethnicity: _____ Driver's License #: _____State Issued: _____

Youth's Place of Birth (city/state or country): _____

Social Security #: _____ Medicaid # (if applicable): _____

Please describe any distinguishing marks (scars, birthmarks, tattoos, piercings) and body location:

_____

_____

_____

_____

Primary Language(s) Spoken in Home: _____

Social Network Sites: ☐ Snapchat ☐ TikTok ☐ Instagram ☐ Facebook ☐ Other: _____

If other, which ones? _____

Username(s): _____

What other electronic devices do you use? _____

How much time do you spend on your electronic devices each day? _____

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Never Married ☐ Widowed

Child Living With: _____

If parents divorced or separated, date: _____

Custody / visitation arrangements:

_____

_____

How many places have you lived within the last 5 years? _____

Explain the basis for any moves:

_____

_____

_____

Family & Household Contacts

Mother's Name: _____

Father's Name: _____

Step-mother's Name: _____

Step-father's Name: _____

Other significant caretakers in home/life: _____

Other significant caretaker's phone number: _____

Boyfriend/Girlfriend's Name: _____

Boyfriend/Girlfriend's Cell Phone: _____

Prior and Current Offenses and Adjudications

Describe any previous contacts with law enforcement, including any arrests without going to Court (age, situation, which counties, and Traffic Court):

_____

_____

_____

_____

_____

What happened as a result of these contacts (prior probation, detention, fees, community service, etc.)?

_____

_____

_____

_____

_____

If you were on prior probation, how did you get along with your Probation Officer?

_____

_____

_____

_____

Attitudes and Orientations

How do you feel about the possibility of ending up on probation and being supervised by a Probation Officer?

_____

_____

_____

_____

On probation there will be terms you must follow set by the Judge. How do you feel about this? Is there anything you will not do?

_____

_____

_____

_____

What changes, if any, do you think you might need to make to prevent further involvement in the juvenile justice system?

_____

_____

_____

On a scale of 1 (low) – 10 (high), how important is it to you to make this change? _____

Are you currently in any services? How often are you attending and participating? Do you feel these services are beneficial and worthwhile? Are you willing to engage in them? Why or why not?

_____

_____

_____

_____

_____

What would you like to learn from this experience of going through the court process for your offense(s)?

_____

_____

_____

_____

Medical and Mental Health History

(Assessment of Other Needs and Special Considerations)

Tell me about any mental health diagnoses or developmental disabilities.

_____

_____

List any medications you are currently taking or have taken regularly over the past 6–12 months. (Are the medications effective, in your opinion?)

_____

_____

Describe any significant physical health diagnoses/problems or major illnesses you have experienced.

_____

_____

Describe any suicidal thoughts you have experienced or attempts to harm yourself, including time frames.

_____

_____

Have you recently experienced suicidal thoughts? _____

If so, do you have a plan? _____

Who can you talk to when you feel this way? _____

Have you ever lived with a parent/caregiver who had mental health issues or attempted suicide (for example, depression, schizophrenia, bipolar disorder, PTSD, anxiety)?

_____

_____

Has a parent or any caregiver ever had, or currently have, a problem with too much alcohol, street drugs, or prescription medication use?

_____

_____

Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? Or seen or heard a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?

_____

_____

Has anyone ever touched you in a private area, or asked or forced you to touch them in a way that made you feel unsafe or uncomfortable? _____

If yes, did you tell anyone? Was it ever reported to the police? Was it prosecuted?

_____

_____

Have you ever lived with a parent/caregiver who went to jail/prison?

_____

_____

Has a member of your household often or very often acted in a way that made you feel unloved or afraid that you would be hurt (for example, sworn at, threatened, insulted, put down, or humiliated)?

_____

_____

Have you ever been physically abused by a member of your family/household?

_____

_____

Have you ever seen, heard, or been a victim of violence in your neighborhood, community, or school (for example, targeted bullying, assault or other violent actions, war, or terrorism)?

_____

_____

Have you experienced discrimination (for example, being hassled or made to feel inferior or excluded because of your race, ethnicity, gender, sexual orientation, religion, learning differences, or disabilities)?

_____

_____

Have you ever had problems with housing (for example, being homeless, not having a stable place to live, moving more than two times in a 6-month period, facing eviction or foreclosure, or having to live with multiple families or family members)?

_____

_____

Have you experienced not having enough to eat or clean clothes to wear, or lacked someone to take care of and protect you? Do you have any concerns regarding your family's finances?

_____

_____

Have you ever been separated from your parent/caregiver due to foster care or immigration?

_____

_____

Has your family ever been involved with Child Protection, been removed from home, or been investigated? Was a case manager or social worker involved with your family?

_____

_____

_____

Have you ever lived with a parent/caregiver who had a serious physical illness or disability?

_____

_____

Have you ever lived with a parent/caregiver who died?

_____

_____

Have you ever experienced verbal or physical abuse or threats from a romantic partner (for example, a boyfriend or girlfriend)?

_____

_____

Family Circumstances

Who is in your immediate family? Who lives in your home?

Name (First and Last)	Age	DOB	Sex	Relationship to Youth	Where Reside (w/ or without youth)

Tell me about your family. Do you have any shared interests or activities you participate in together?

Describe your relationship with your mother or mother figure. If deceased, explain when/cause.

Describe your relationship with your step-mother.

Describe your relationship with your father or father figure. If deceased, explain when/cause.

Describe your relationship with your step-father.

Describe your relationship with your brothers/sisters.

Tell me about your parents' rules and expectations for you.

_____

_____

_____

_____

On a scale of 1 (not well) – 10 (extremely well), how well do you think you follow your parents' rules? How do you think your parents would rate you?

_____

_____

_____

How do you check in with your parents? How do you communicate if your plans change (call, text, face to face, ask permission, etc.)?

_____

_____

Have you ever run away from home or stayed out overnight without permission? When and how often?

_____

_____

What consequences do you get at home when you don't follow the rules? How are the rules enforced at home?

_____

_____

_____

When was the last time you received consequences at home? What was the situation? What consequences did you receive?

_____

_____

_____

How did your parents react when they learned about this incident? Did you receive any consequences at home as a result? If so, what were they?

_____

_____

_____

How do the current consequences at home motivate you to follow your parents' expectations?

_____

_____

_____

How do consequences carry over between your parents' homes? Do your parents have different expectations and consequences for you? How do they communicate with each other?

_____

_____

_____

Education and Employment

Current School: _____ Grade: _____

Recent School Changes: _____ Date Changed: _____

Reason for change: _____

Tell me about how school has gone for you this school year. How is it different from last school year?

_____

_____

_____

_____

_____

Tell me about any behavior incidents at school in the last year (suspensions, in-house, warnings, etc.). In the school building or outside it?

_____

_____

_____

_____

During this last year, have you skipped school/classes? ☐ Yes ☐ No How often? _____

What do you do when you skip school?

_____

_____

Tell me how you get along with your peers at school. Tell me about any conflict issues or bullying.

_____

_____

_____

_____

Tell me how you get along with your teachers. Tell me about any conflicts with teachers in the last year.

_____

_____

_____

_____

What are your current grades? _____

Are these normal grades for you? ☐ Yes ☐ No Are you on track to graduate? ☐ Yes ☐ No

What do you find challenging about schoolwork?

_____

_____

How much effort do you think you put into schoolwork?

_____

_____

What is your learning style? How do you learn best? _____

Do you have an IEP or 504 at school? If yes, do you know why? What accommodations do you get (extra time, breaks, separate test location, etc.)?

_____

_____

_____

What are your goals for your future education and/or career?

_____

_____

_____

Are you currently working? ☐ Yes ☐ No Where? _____

How many hours per week? How long have you been there? _____

How do you spend your paychecks? Do you budget your money or have concerns about your finances?

_____

_____

If you aren't working, have you been looking for a job? ☐ Yes ☐ No

Where have you submitted applications?

_____

_____

What prior jobs have you held?

_____

_____

_____

What kind of worker are you? (Attendance, work ethic/discipline, relationships with co-workers, boss, and customers.)

_____

_____

_____

Peer Relationships

Please list your closest friends:

Name (First and Last)	AGE	On Probation?
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No

How many of your close friends use drugs or alcohol? _____

Who do you hang out with occasionally or see only at school (acquaintances) but don't consider close friends? (List first and last names.)

_____

_____

How many of these acquaintances use drugs/alcohol? Do any engage in risky behavior or have involvement with the legal system? _____

What do your parents think about your friends and/or acquaintances?

_____

_____

Which friends or acquaintances are a positive influence on you (no drug use or legal trouble)? How often do you spend time with them? What makes them a positive influence?

_____

_____

Do any of your friends or acquaintances carry weapons? ☐ Yes ☐ No

Have you carried any weapons? ☐ Yes ☐ No If yes, what kind and why? Where/how have you obtained access to any weapon(s)?

_____

_____

Do you associate with anyone who claims to be part of a gang? ☐ Yes ☐ No

If so, what do they call themselves? What color do they wear? Do they go by a nickname or street name?

_____

_____

Leisure and Recreation

Tell me about any clubs, groups, or organizations you are involved with. How often do you attend? Do you attend by your own choice?

_____

_____

_____

_____

_____

Do you have any hobbies/interests? How often do you participate in them?

_____

_____

_____

_____

_____

What do you do in your free time (after school/on weekends)? How much time is spent on these activities? (Looking for excessive time and interference with prosocial peers or activities.)

_____

_____

_____

_____

_____

Substance Use

Tell me about any alcohol use. How old were you the first time? If no use, why not?

_____

_____

What does your drinking look like now? Alone or social?

_____

_____

How often have you had alcohol in the past year? How often do you get drunk (binge)?

_____

_____

When was the last time consuming? _____

Tell me about any marijuana use. How old were you the first time? If no use, why not?

_____

_____

How often have you used marijuana in the past year? How do you use it (wax, edible, smoking, vaping, etc.)?

_____

_____

When was the last time consuming? _____

Have you tried any other drugs, prescription drugs (not prescribed), or nicotine? ☐ Yes ☐ No

e.g., fentanyl, spice, Benadryl, mushrooms, methamphetamine, acid/LSD, cocaine, heroin, PCP, salvia, ecstasy, ketamine, Vicodin, OxyContin, Xanax, Adderall, Valium, cough syrup, triple C's, kratom, huffing or whippets, etc.

If yes, which drugs specifically? When and how often? When was the last time?

_____

_____

_____

Do you have any history of IV drug use?

_____

_____

Tell me what you like about using _____ (insert substance of choice):

_____

_____

Have you ever thought about or tried to quit? How? Why?

_____

_____

_____

How has your use impacted your relationships with others (family, friends, teachers, coaches, etc.)? Are these people expressing concerns about your use? What are their concerns?

_____

_____

_____

How do you think your use has impacted your ability to attend/succeed in school or work? Have you ever been in trouble or caught under the influence at school or work?

_____

_____

When has your use interfered with you doing things you know you should do or want to do?

_____

_____

Was your offense related to the use of substances? (e.g., stealing/offending to obtain substances; under the influence at the time of offense — not just trafficking substances.) ☐ Yes ☐ No

_____

What concerns do you have about your alcohol or drug use, if any?

_____

_____

Is there anyone in your house/immediate family who uses drugs or drinks alcohol excessively? ☐ Yes ☐ No If so, who? How much?

_____

_____

Personality and Behavior

Rate how much you agree with the following statements on a scale of 1–5, with 1 being strongly disagree and 5 being strongly agree:

a) In general, I am satisfied with how my life has turned out so far. _____

b) In general, I feel I am capable of accomplishing what I want in the future. _____

c) I feel I am valuable and worthwhile. _____

How would you describe yourself?

_____

_____

_____

What do you like about yourself or consider your strengths?

_____

_____

_____

Where would you rate yourself on a scale of 1–10, with 10 being the coolest person you can imagine? Why?

_____

_____

What would you change about yourself if you could?

_____

_____

What motivates you to make changes?

_____

_____

How do you like to be rewarded for working hard on something (verbal praise, monetary items, food/treats, certificate, quality time, etc.)?

_____

_____

Do you struggle to focus or pay attention? How often is this a problem for you? Does it interfere with your ability to finish tasks at school, home, work, etc.?

_____

_____

Have you been diagnosed with ADD or ADHD? Do you take medication for it? If yes, does it help?

_____

_____

What does frustration look like for you when faced with a challenge or when life gets tough? How do you cope? Do you give up easily, shut down, or flee difficult/frustrating situations? How often does this happen? (Need a pattern of 3+ between this question and the two scaling questions below.)

_____

_____

_____

_____

_____

On a scale of 1–10, with 10 being very, how patient are you? _____

On a scale of 1–10, with 10 being very, how impulsive are you? _____

What happens when you become angry with people? How often/easily do you become angry with people? Under what circumstances? Do you think you have a short fuse/temper?

_____

_____

_____

Do you yell, use profanity, or insult others when angry?

_____

_____

How often, or how many times, in the past year have you thrown or broken something, or punched something (objects), due to being angry?

_____

_____

_____

_____

In the past year, have you been in physical fights or engaged in violent actions or threats? After you engaged in these actions, how did you feel? Do you think physical aggression is/was a good way to resolve the problem?

_____

_____

_____

_____

Offense Specifics (Personality and Behavior)

From your perspective, tell me about the incident that brings you to the court (who you were with and what the circumstances were). (This can also help score the Attitudes/Orientations section.)

_____

_____

_____

_____

_____

_____

_____

_____

Who do you think was impacted by your actions in these charges?

_____

_____

_____

How do you think your actions have impacted the person harmed?

_____

_____

_____

How would you make things right with the person impacted? If a person was not impacted, how would you make things right in general?

_____

_____

_____

Closing Comments from Youth

What would you like to say directly to the Judge? (You have the option to write a letter to the Judge or read a statement to the Judge at the time of Sentencing, or comment below.)

_____

_____

_____

_____

_____

_____

_____

Forms Completed During Social History

Authorization for Release of Information ☐ Yes ☐ No

Competency Term Focus – Youth Form

Please look over the list of areas of skill development below. Using a scale of 1–5, rank the areas you would most like to work on, with 1 being top priority and 5 being least. Terms may be completed via online courses, hands-on projects, in-person/observational opportunities, etc.

____ Decision Making
____ Goal Setting
____ Employment
____ Healthy Boundaries / Healthy Relationships
____ Communication
____ Personal / Character Development (self-worth, self-control, self-confidence)
____ Peer Pressure
____ Coping Strategies (anger, anxiety, drug/alcohol, etc.)
____ Accountability
____ Family Relationships / Engagement
____ Anger Management
____ Community Engagement (volunteer work, after-school programs, extracurriculars, etc.)
____ Health and Recreation
____ Conflict Resolution
____ Drug and Alcohol Education
____ Drug and Alcohol Assessments / Treatment
____ Social Media Education
____ Cognitive Behavioral Workbooks (Communication, Emotions, Substance Use, etc.)
____ Peer Support
____ Mental Health
____ Impulse Control
____ Theft Education
____ Victim Reparation (apology letter, mediation, victim impact course)
____ Fire Safety
____ Gun / Hunter Safety
____ Observations (Drug Court, AA, NA, etc.)
____ Independent Service-Learning Projects – a topic of your choosing that includes hands-on work, research, and writing opportunities.

What learning style or methods would be most beneficial for you (online courses, hands-on projects, in-person opportunities, etc.)?

_____
_____
_____