**IDAHO COUNTY COURT SERVICES**
**320 W. Main Street, Grangeville, ID 83530**
**Phone (208) 983-0339 • Email: idcourtservices@idahocounty.org**

# PARENT / GUARDIAN PREDISPOSITION INQUIRY GUIDE

*CONFIDENTIAL DOCUMENT – NOT SUBJECT TO DISCLOSURE*

## 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:

_____

_____

_____

_____

## Parent Information

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

Date of Separation (if applicable): _____

Child Currently Living With: _____

Custody / Visitation Arrangements: _____

_____

_____

### Mother's Information

Name: _____ Phone Number: _____

Address: _____

Employment: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

**Father's Information**

Name: _____ Phone Number: _____

Address: _____

Employment: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

**If Applicable:**

**Stepmother's Information**

Name: _____ Phone Number: _____

Address: _____

Employment: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

**Stepfather's Information**

Name: _____ Phone Number: _____

Address: _____

Employment: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

**Guardian / Other Caretaker (if applicable) Information**

Name: _____ Relationship to youth: _____

Phone Number: _____

Address: _____

Employment: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

**Caseworker (if applicable)**

Case worker Name: _____ Agency: _____

Phone Number: _____ Email Address: _____

## Prior and Current Offenses and Adjudications

Has your child ever been on probation or diversion before? If yes, what were the charges? What states or counties? (Please provide dates.) _____

_____

_____

_____

_____

How did they perform on probation/diversion? Did they receive any violations? Did they complete successfully? (Please provide dates.) _____

_____

_____

Was your child ever sentenced to detention or any other secure facility? If so, how long? (Please provide dates.) _____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

**Family Circumstances**

Please list all individuals currently living in the same home with Youth:

| Name (First and Last) | Age / DOB | Sex | Relationship to Youth |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please list any family members NOT currently living in the home:

| Name (First and Last) | Age / DOB | Sex | Full/Step/Half/Adopted | Where Reside |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Describe your relationship with your child (communication, level of conflict, shared interests, activities, etc.): _____

Describe your child's relationship with all other parents/caretakers listed above:

Name / Relationship: _____

Name / Relationship: _____

Describe your child's relationship with their siblings: _____

**Supervision and Rules**

List the rules and expectations for your child: _____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

On a scale of 1–10 (10 = follows very well; 1 = follows poorly), how well does your child follow the rules? _____

Please explain specific concerns or strengths you have observed in your child: _____

How do you keep track of your child's location and activities? What supervision measures are in place when you are apart? _____

Please explain if/when your child has run away from home or stayed out overnight without permission in the past year. How often? Where do they go and who are they with?

If/when your child breaks rules, how do you respond and discipline them?

How did you respond to your child's current offense? Did your child receive consequences at home? _____

How does your child respond to discipline? How does that discipline help your child change their behavior? _____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

Please describe any physical punishment you have used: _____

_____

_____

On a scale of 1–10 (10 = very well; 1 = poorly), how well do you and your child's other parent/caretaker communicate and/or co-parent? _____

If parenting takes place in more than one home, how are rules and consequences similar or different between homes? _____

_____

_____

_____

**Education and Employment**

Child's Current School: _____ Grade: _____

Any other schools attended in the past year? (Provide dates) _____

_____

Reason for school changes: _____

_____

_____

What are your child's current / most recent grades / GPA? _____

_____

_____

Are these typical grades for your child? ☐ Yes ☐ No

Is schoolwork difficult for your child? ☐ Yes ☐ No

How much effort does your child put into schoolwork? What could they do to improve?

_____

_____

_____

_____

Has your child been placed on an IEP or 504 plan? If yes, when was it implemented, why, and what accommodations are in place? _____

_____

_____

_____

Describe your child's behavior issues at school in the past year, if any: _____

_____

_____

_____

What was the school's response? (List dates and all actions taken: detention, ISS/OSS, expulsion, etc.) _____

_____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

Does your child skip school or classes? ☐ Yes ☐ No If yes, how often in the past year?

_____

_____

_____

What does your child do when they skip school? _____

_____

_____

Do you monitor your child's academic progress and attendance? If so, how? _____

_____

_____

Do you attend parent/teacher conferences? What do school staff report about your child?

_____

_____

_____

Explain how your child gets along with peers and teachers at school. Any conflicts, bullying, or concerns? _____

_____

_____

_____

What are your child's educational goals and career interests? _____

_____

_____

_____

*** Probation will request official school records regarding attendance, grades, and behavioral incidents.*

**Employment**

Is your child currently working? ☐ Yes ☐ No If yes, where? _____

Hours/week: _____

How does your child spend their paychecks? Any concerns about finances or budgeting?

_____

_____

_____

Please list previous employers, dates, and reason for leaving: _____

_____

_____

What kind of worker is your child? (Attendance, work ethic, relationships with co-workers, supervisors, and customers.) _____

_____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

**Peer Relationships**

Please list youth's closest friends:

| **Name (First and Last)** | **Age** | **Positive Influence?** | **Have You Met This Friend?** |
|---|---|---|---|
| _____ | ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| _____ | ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| _____ | ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| _____ | ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| _____ | ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| _____ | ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |

Which friends does your child spend the most time with? What do they typically do together?

_____

_____

_____

How well do you communicate with your child's friends' parents or guardians? _____

_____

_____

Have any of your child's friends been in trouble with the law? Please explain. _____

_____

_____

To your knowledge, do any of your child's friends use drugs or alcohol? Please explain. _____

_____

_____

_____

What concerns do you have about your child's friends? _____

_____

_____

To your knowledge, does your child carry any weapons? ☐ Yes ☐ No

To your knowledge, do any of your child's friends carry weapons? ☐ Yes ☐ No

If yes to either, please describe the type of weapon(s) and how you became aware: _____

_____

_____

_____

Does your child or any of their friends associate with anyone claiming to be part of a gang?

☐ Yes ☐ No

If yes, what do they call themselves? Colors worn? Nicknames? Gang-related tattoos? _____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

## Substance Use

To your knowledge, has or does your child use drugs or alcohol? If so, what substances and how often? _____

_____

_____

_____

_____

How do you believe your child obtains these substances? _____

_____

_____

Has your child's use of alcohol or drugs impacted their functioning (conflict with parents/friends, loss of activities/work, physical or mental health problems)? _____

_____

_____

_____

Has substance use negatively impacted your child's school attendance or performance?How?

_____

_____

_____

Has your child been at school while under the influence? ☐ Yes ☐ No
How often? _____

Was substance use related to your child's current offense? How? _____

_____

_____

Have you talked to your child about their use and/or why they use? What interventions have been tried?_____

_____

_____

## Leisure and Recreation

List any structured activities your child is involved with (sports, clubs, groups, church, youth programs). How often do they participate? _____

_____

_____

If your child does not participate in structured activities, please explain the primary reason(s):

_____

_____

What are your child's hobbies or interests? How much time do they spend on them? _____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

What does your child like to do with free time? How much time is spent on these activities?

Please describe how you participate in your child's hobbies or activities with them: _____

Does your child spend excessive time in passive or unconstructive activities (excessive screen time, sleeping, hanging around, using substances, etc.)? Please explain: _____

How much time does your child spend on electronic devices each day (screen time)? (hours per day) _____

Are you aware of the amount of time your child spends on electronic devices? Do you approve of the content they view and who they contact on these devices? _____

**Personality and Behavior**

How would you describe your child's personality? _____

What do you consider to be your child's strengths? _____

What motivates your child to change their behavior? _____

Does your child have trouble staying focused or become easily distracted? If so, please provide details: _____

Has your child been diagnosed with ADD or ADHD? When? Do they take medication? Does it help? _____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

Does your child deal poorly with frustration or have poor coping mechanisms (e.g., act impulsively, give up easily, use substances, self-harm)? Please explain, including how often:

_____

_____

_____

_____

Does your child display a negative temperament, anger easily, or lose control when angry? Please provide details, including frequency: _____

_____

_____

_____

Has your child initiated physical aggression toward persons or animals, started fights, or made threats of violence? Please explain, including frequency: _____

_____

_____

_____

Do you believe your child thinks physical aggression is an appropriate way to deal with others?

_____

_____

Does your child exhibit verbal abuse or use language in a hostile way (yelling, profanity, insults)? How often? _____

_____

_____

How often in the past year has your child thrown or broken objects due to anger? Please explain details: _____

_____

_____

Please explain if your child expressed appropriate remorse for the current offense. Did they accept responsibility or did they blame others, make excuses, or deny responsibility?

_____

_____

_____

_____

Who do you believe has been impacted by your child's offense or actions? _____

_____

_____

**Medical and Mental Health History**

Please list any physical health problems or major illnesses your child has: _____

_____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

Please explain any general concerns you have about your child's mental health or developmental disabilities: _____

_____

_____

_____

Has your child been evaluated or diagnosed with any mental health conditions? Please share diagnoses and dates: _____

_____

_____

_____

What services has your child participated in to address these conditions (individual counseling, outpatient/inpatient treatment, evaluations, CBRS, etc.)? Please share dates and providers: _____

_____

_____

_____

_____

Do you think groups, counseling, or treatment helped your child? How? Would you like to see your child in counseling or treatment at this time? _____

_____

_____

Did your child successfully complete any programs or treatment? If your child stopped attending, what was the reason? _____

_____

Has your child ever engaged in self-harm behaviors? ☐ Yes ☐ No
If yes, please explain and share dates: _____

_____

Is self-harm a current concern? _____
Has your child expressed thoughts of suicide or attempted suicide? ☐ Yes ☐ No
If yes, please explain and share dates: _____

_____

_____

Is this a current concern? _____
Please list dates and reasons for any hospitalizations: _____

_____

_____

_____

List any medications your child takes for a mental health condition, the prescribing doctor, and the reason for each medication: _____

_____

_____

_____

Is your child compliant with taking medication as prescribed? ☐ Yes ☐ No

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

Please explain if your child has **ever** been the victim of physical or sexual abuse or neglect:

_____

_____

_____

_____

Was the matter reported to the police? ☐ Yes ☐ No
Was it prosecuted? ☐ Yes ☐ No
Please explain if your child has engaged in inappropriate sexual behaviors or activity: _____

_____

_____

_____

Please explain any traumatic or significantly emotional events your child has witnessed or been a part of: _____

_____

_____

_____

Has your child ever abused animals? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

Does your child have a history of setting fires or a fascination with fire? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

Does your child appear incapable of showing empathy or concern for others? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

**Family History**

Describe any history of domestic violence in the home. Did your child witness the violence?

_____

_____

_____

Have you ever struggled to provide food, clothing, or shelter for your child? ☐ Yes ☐ No
If yes, please explain and share dates: _____

_____

Are there any financial considerations you would like the Court to be made aware of? _____

_____

_____

Has your family ever been involved with Child Protective Services? If yes, please explain and share dates: _____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

Please explain if your child has been placed or lived outside your home for any reason: _____

_____

_____

_____

Please explain if there is any history of mental health conditions with any immediate family members or caregivers: _____

_____

_____

_____

Has anyone in the immediate family or caregiver had a criminal history (probation, jail, or prison)? Please describe circumstances and list current probation officers, if applicable:

_____

_____

_____

_____

Is there a history of substance abuse with any immediate family members or caregivers? If so, please note who, what substances, and time frames of use: _____

_____

_____

_____

**Attitudes and Orientations**

What is your child's general attitude toward the law, law enforcement, or other authority figures? _____

_____

_____

_____

Does your child blame others for their mistakes, make excuses, minimize their behavior, or deny responsibility? Please explain: _____

_____

_____

_____

Is your child reluctant to seek or accept needed help or support? Please explain: _____

_____

_____

If receiving help or support, is/was your child actively resisting or rejecting the helping persons or programs? _____

_____

What do you think will help your child stay out of trouble in the future? Is there anything specific you would like to see the Court order? _____

_____

_____

_____

_____

***** Please answer questions focusing on your child's behaviors and attitudes over the past 12 months. *****

List any potential problems or barriers that might prevent your child from successfully completing probation: _____

List any strengths your child has that will help them to successfully complete probation:

**Closing Comments from Parent / Guardian**

(Anything you would like to say directly to the Judge or have the Court be aware of when considering your child's case. This will be quoted directly in the report.) _____

**Competency Term Focus**
Please look over the list below and check your top 3–5 areas of skill development you would like Probation to work on with your child. This input will help Probation identify focus areas and develop goals that utilize your child's strengths.

☐ 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.)
☐ Mental Health
☐ Impulse Control
☐ Theft Education
☐ Victim Reparation (apology letter, mediation, victim impact course)
☐ Fire Safety
☐ Gun / Hunter Safety
☐ Independent Service-Learning Projects

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