

THE FAMILY/JUVENILE COURT OF _____ COUNTY, ALABAMA

SUBMIT NOTICE OF COMMITMENT AND REQUESTED DOCUMENTATION TO:
INTAKE@DYS.ALABAMA.GOV

NOTICE OF COMMITMENT TO DYS

YOUTH: _____ GENDER: _____ DOB: _____
SOCIAL SECURITY NUMBER: _____ RACE: _____ ETHNICITY: _____
COMMITTING OFFENSE: _____ JU CASE NUMBER: _____
IF VOP/VOA WHAT IS THE REASON AND/OR UNDERLYING CHARGE? _____
DATE OF COMMITMENT ORDER: _____ CHILD'S LOCATION: DETENTION HOME/OTHER
DYS RETURNEE: DETENTION CENTER: _____
DATE ENTERED DETENTION: _____

ORDER OF THE COURT: DELINQUENT ADJUDICATION
 DETERMINATE COMMITMENT SPECIFY: _____
 COMMITTED TO DYS AS 'SERIOUS JUVENILE OFFENDER'
 OTHER
SPECIFY: _____

REQUIRED DOCUMENTS:

- COMMITMENT ORDER
- DYS SOCIAL HISTORY FORM
- DYS RISK ASSESSMENT
- NEEDS ASSESSMENT
- COURT PETITIONS/COMPLAINTS

- POLICE REPORTS
- JUPITIR REPORT (include case action summary sheet with detail of present and prior charges including disposition)
- Notification of Authorization sent to Detention Center or LEA to release education records to DYS.

COLLATERAL DOCUMENTS:

- PSYCHOLOGICAL EVALUATION and/or IQ SCORE
- IMMUNIZATION RECORD
- SCHOOL RECORDS
- SOCIAL SECURITY CARD

- BIRTH CERTIFICATE
- INSURANCE/MEDICAID CARD

PROBATION OFFICER: _____

DATE SENT: _____

SENT VIA: EMAIL USPS

SCREENING AND PLACEMENT USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

| <input type="checkbox"/> INCOMPLETE | <input type="checkbox"/> COMPLETE | STAFFING DATE | PLACEMENT AVAILABLE | PLACEMENT NOTIFICATION |
|-------------------------------------|-----------------------------------|---------------|---------------------|------------------------|
| | | | | |

**ALABAMA DEPARTMENT OF YOUTH SERVICES
SOCIAL HISTORY**

| SECTION I – REFERRAL INFORMATION | | | | | |
|--|---------|--|--|---------------------------|----------|
| In the Juvenile Court of | | | Case No. JU for committing offense | | |
| In the matter of | | | | | |
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| ALIAS(ES) | | | | | |
| DATE OF BIRTH | | RACE | | GENDER | |
| PLACE OF BIRTH | | HISPANIC OR LATINO? | | U.S. CITIZENSHIP? | |
| NATIVE LANGUAGE | | HEIGHT | WEIGHT | SSN | |
| English as Second language (ESL): | | | If yes, complete the following | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | DL# | Exp. Date | |
| <input type="checkbox"/> Copy of Driver's License Attached. Advise student to bring driver's license to assigned placement. | | | | | |
| <input type="checkbox"/> Medicaid | | <input type="checkbox"/> Private Insurance | | Medicaid/Insurance Number | |
| Household Income | TANF \$ | SSI \$ | SNAP \$ | SSA \$ | OTHER \$ |

| Section II- Alerts | |
|---|--|
| Indicate any critical areas of concern noted for this student | |
| Allergies (Medical, Food, Drug, etc.) | |
| <input type="checkbox"/> No Known Allergies <input type="checkbox"/> List Attached | |
| Medical Conditions: | |
| <input type="checkbox"/> No Known Medical Conditions <input type="checkbox"/> List Attached | |
| Medications: | |
| <input type="checkbox"/> No Known Medications <input type="checkbox"/> List Attached | |
| Escape/AWOL Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes Explain |
| Suicide Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Current <input type="checkbox"/> History <input type="checkbox"/> N/A |
| Other Alerts: (Identify pre-existing conditions, medical appointment schedule) | |
| <input type="checkbox"/> Documentation Attached | |
| <input type="checkbox"/> N/A | |

| SECTION III – STATUS AT COMMITMENT | | | | | | | |
|---|--|--|--|-------------------------------------|--|----------|--|
| With whom did the student live AT TIME OF COMMITMENT? | | | | | | | |
| Name | | | | Relationship to Student | | | |
| Address | | | | | | | |
| City | | | State | | | Zip Code | |
| Does this person have Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Physical Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Primary Telephone | | | | Indicate if a Cell/Home/Work Number | | | |
| Alternate Telephone | | | | Indicate if a Cell/Home/Work Number | | | |
| Student in DHR custody at time of commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following | | | | | | | |
| County of Custody | | | Name of DHR Worker | | | | |
| Contact Number for Worker | | | | | | | |
| Email Address for Worker | | | | | | | |
| DHR Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> N/A | | | | | | | |

| Section IV - FAMILY AND SOCIAL HISTORY | | | | | | | | | |
|---|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|--|
| Includes identification of familial and non- traditional supports. | | | | | | | | | |
| Family Dynamics: "Yes" answers require explanation where appropriate. | | | | | | | | | |
| Name | | | | Phone | | | | | |
| Relationship | | | | Home | | | | | |
| Mailing Address | | | | Work | | | | | |
| City | | | State | | ZIP | | Cell | | |
| Employed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | History of Legal Problems | <input type="checkbox"/> YES | <input type="checkbox"/> NO | History of Mental Health Issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| History of Alcohol /Drug Abuse | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Health Problems | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Allowed Contact with Child | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| History of Child Abuse | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Custody Joint | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Limited English Proficiency | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Explanations below: | | | | | | | | | |
| <input type="checkbox"/> Additional sheets attached. | | | | | | | | | |

| SECTION V - MEDICAL |
|--|
| <input type="checkbox"/> Discharge summaries from previous hospitalizations attached. |
| <input type="checkbox"/> Most recent Psychological Evaluation Attached. |
| In addition to Alerts on page one, complete additional medical information. |
| <input type="checkbox"/> Discharge summaries attached (mental health center/program, counseling services, and/or residential facility, etc.) |

| |
|---|
| Does the youth: <input type="checkbox"/> Wear Glasses <input type="checkbox"/> Have Dental Concerns <input type="checkbox"/> Have Hearing Problems |
| <input type="checkbox"/> Have Chronic Illness/ Condition (Specify) <input type="checkbox"/> N/A |
| <input type="checkbox"/> Currently take medication (Specify and date of last issue) <input type="checkbox"/> N/A |
| |
| <input type="checkbox"/> Have history of taking medication (Specify and date of last issue) <input type="checkbox"/> N/A |
| |
| <input type="checkbox"/> Have current immunizations and immunization record attached |
| <input type="checkbox"/> Have a history of any hospitalizations for mental health reasons (specify dates and details if known) <input type="checkbox"/> N/A |
| |
| <input type="checkbox"/> Documentation of immunization and hospitalizations attached. |
| <input type="checkbox"/> Have any children (Specify age and gender of each) <input type="checkbox"/> N/A |
| |
| <input type="checkbox"/> Have any medication allergies (Specify) <input type="checkbox"/> N/A |
| |

| |
|---|
| SECTION VI- PRIOR INTERVENTION EFFORTS/OUT OF HOME PLACEMENTS |
| For the purpose of this section, detention is not considered an intervention. |
| <input type="checkbox"/> Prior Record (JUPITIR Report) Attached. <input type="checkbox"/> JPO SOCIAL EVALUATION REPORT from JUPITIR Attached. |
| <input type="checkbox"/> Discharge Summaries from prior residential placements and/or hospitalizations attached. |
| **Identify response to prior intervention efforts. |
| |

| |
|--|
| SECTION VII-CURRENT OFFENSE INFORMATION (Include/address any aggravating and mitigating factors) |
| <input type="checkbox"/> Petition(s)/Complaint(s) attached <input type="checkbox"/> Police Report(s) attached <input type="checkbox"/> Police Report(s) not applicable |
| Most Serious Committing Offense: |
| Other Committing Offense(s): |
| Weapon(s) Involved (Specify): |
| If Violation of Probation/Aftercare, Detail new charge or reason for violation: |
| |
| Brief description of crime / offense: |
| |
| <input type="checkbox"/> Interstate Compact Juvenile |

| |
|---|
| SECTION VIII- VICTIM IMPACT |
| <input type="checkbox"/> Victim statements, injury report, restitution ordered, etc. attached |
| <input type="checkbox"/> N/A (information is unavailable or not applicable.) |
| |

SECTION IX - PEER RELATIONSHIPS AND SOCIAL SUPPORTS

Who are the youth's key friends?

| NAME | AGE | GENDER | CO-DEFENDENT |
|------|-----|---|--------------------------|
| | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> |

Of the following, check pro-social activities/programs in which student participates.

| | | | | |
|---|---|--|---|--|
| Employment <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | Boys/Girls Club <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | Organized Sports <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | Boy/Girl Scouts <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | School Clubs <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A |
| School Band <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | Other: <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | | C = CURRENT | H = HISTORY |

Of the following, check the activities in which the youth participates or for which is at risk.

| | | | | |
|--|--|--|--|---|
| GANG <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | ALCOHOL/DRUG USE <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | OCCULT <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | FIGHTING <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A | OTHER <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N/A |
|--|--|--|--|---|

SECTION X - SEXUALITY

How does youth describe his/her sexuality?

| | |
|---|--|
| Age at first Sexual Encounter: | <input type="checkbox"/> STDs <input type="checkbox"/> N/A |
| Practice safe sex <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | History of STDs <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION XI - SUBSTANCE USE

| | | | | | | |
|------------------------------------|----------------------------------|------------------------------------|---------------------------------------|----------------------------------|--|------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Unknown | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Crack | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Speed | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Oxycontin | <input type="checkbox"/> Crystal Meth | <input type="checkbox"/> Pills | <input type="checkbox"/> Inhalants/Huffing | |
| <input type="checkbox"/> Synthetic | <input type="checkbox"/> Heroin | <input type="checkbox"/> Other: | | | | |

Most Recent use (Indicate date and substance used)

| | | | |
|--|-------------------------------------|---------------------------------------|---------------------------------------|
| Most recent drug test | Date: | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive for |
| <input type="checkbox"/> Inpatient/ Outpatient treatment | <input type="checkbox"/> Successful | <input type="checkbox"/> Unsuccessful | Dates: |
| <input type="checkbox"/> Inpatient/ Outpatient treatment | <input type="checkbox"/> Successful | <input type="checkbox"/> Unsuccessful | Dates: |
| <input type="checkbox"/> Inpatient/ Outpatient treatment | <input type="checkbox"/> Successful | <input type="checkbox"/> Unsuccessful | Dates: |
| <input type="checkbox"/> Involved in Drug Court | <input type="checkbox"/> Successful | <input type="checkbox"/> Unsuccessful | Dates: |
| <input type="checkbox"/> Psycho-educational group | <input type="checkbox"/> Successful | <input type="checkbox"/> Unsuccessful | Dates: |
| <input type="checkbox"/> Sells Drugs | | | |

SECTION XII-SCHOOL PARTICIPATION

| | | | | |
|--|-------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Most recent copy of school record attached. | | | | |
| Current School Status: | | | | |
| <input type="checkbox"/> Graduated | <input type="checkbox"/> GED | <input type="checkbox"/> in GED Program | <input type="checkbox"/> Attending | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Suspended | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> College | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Home School |
| <input type="checkbox"/> SPAN, former City Program | | | <input type="checkbox"/> Dropout- last grade completed | |
| Last School Attended | | | | |
| Name of School: | | | Last Grade Completed: | |
| School Address: | | | | |
| Current School Behaviors: | | | | |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Assaultive | <input type="checkbox"/> Weapons | <input type="checkbox"/> Drugs | |
| <input type="checkbox"/> Inappropriate sexual acts | | <input type="checkbox"/> Truancy | <input type="checkbox"/> Extracurricular Activity Participation | |
| <input type="checkbox"/> School Clubs | | <input type="checkbox"/> Sports | <input type="checkbox"/> Band member | |

SECTION XIII-PROBATION OFFICER IMPRESSIONS/OBSERVATIONS

(Please be specific) Based upon your observations, interactions, and information about this student, what are the needs for this student you expect to be addressed while at DYS?

SECTION XIV -INFORMATION ON PERSON COMPLETING SUMMARY

| | | |
|----------------------|--|-----------------------------|
| JPO | | Preferred Method of Contact |
| Office | | <input type="checkbox"/> |
| Cell | | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |
| Best time to Contact | | |
| | | |

Signature

Title

Date

Section IV - FAMILY AND SOCIAL HISTORY (Continued)

| | | | | | | | |
|--------------------------------|--|---------------------------|--|---------------------------------|--|-------|--|
| Name | | | | | | Phone | |
| Relationship | | | | | | Home | |
| Mailing Address | | | | | | Work | |
| City | | State | | ZIP | | Cell | |
| Employed | <input type="checkbox"/> YES <input type="checkbox"/> NO | History of Legal Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | History of Mental Health Issues | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| History of Alcohol /Drug Abuse | <input type="checkbox"/> YES <input type="checkbox"/> NO | Health Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | Allowed Contact with Child | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| History of Child Abuse | <input type="checkbox"/> YES <input type="checkbox"/> NO | Custody Joint | <input type="checkbox"/> YES <input type="checkbox"/> NO | Limited English Proficiency | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Explanations below: | | | | | | | |

Section IV - FAMILY AND SOCIAL HISTORY

| | | | | | | | |
|--------------------------------|--|---------------------------|--|---------------------------------|--|-------|--|
| Name | | | | | | Phone | |
| Relationship | | | | | | Home | |
| Mailing Address | | | | | | Work | |
| City | | State | | ZIP | | Cell | |
| Employed | <input type="checkbox"/> YES <input type="checkbox"/> NO | History of Legal Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | History of Mental Health Issues | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| History of Alcohol /Drug Abuse | <input type="checkbox"/> YES <input type="checkbox"/> NO | Health Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | Allowed Contact with Child | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| History of Child Abuse | <input type="checkbox"/> YES <input type="checkbox"/> NO | Custody Joint | <input type="checkbox"/> YES <input type="checkbox"/> NO | Limited English Proficiency | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Explanations below: | | | | | | | |

Section IV - FAMILY AND SOCIAL HISTORY

Includes identification of familial and non- traditional supports.

Family Dynamics: "Yes" answers require explanation where appropriate.

| | | | | | | | |
|--------------------------------|--|---------------------------|--|---------------------------------|--|-------|--|
| Name | | | | | | Phone | |
| Relationship | | | | | | Home | |
| Mailing Address | | | | | | Work | |
| City | | State | | ZIP | | Cell | |
| Employed | <input type="checkbox"/> YES <input type="checkbox"/> NO | History of Legal Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | History of Mental Health Issues | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| History of Alcohol /Drug Abuse | <input type="checkbox"/> YES <input type="checkbox"/> NO | Health Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | Allowed Contact with Child | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| History of Child Abuse | <input type="checkbox"/> YES <input type="checkbox"/> NO | Custody Joint | <input type="checkbox"/> YES <input type="checkbox"/> NO | Limited English Proficiency | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Explanations below: | | | | | | | |

MODEL RISK ASSESSMENT INSTRUMENT

Youth's Name: _____ DOB: ____/____/____

Race: 1. Caucasian 2. African-American 3. Hispanic 4. Other: _____ Gender: 1. Male 2. Female

Officer Name: _____ County _____ Date: ____/____/____

Most Serious Current Offense _____

Table with 2 columns: Question/Item and Score. Contains 11 numbered items with sub-questions and corresponding scores.

Scored Risk Level: _____ - 4 to 0 Low Risk _____ 1 to 5 Medium Risk _____ 6 to 8 High Risk _____ 9+ Very High Risk

Other Factors - A. ___ Firearm Used (or in Possession) during offense B. ___ Sex Offense C. ___ Previous Placements at DYS

NEEDS ASSESSMENT INSTRUMENT

Youth's Name:

DOB:

Probation Officer:

From your knowledge of this youth, list at least one strength, talent or positive interest of this youth. (You may include more than one.) Examples might include sports, music, cooking, hobbies, church, a special friend, a special relationship with a relative, etc. Be as specific as you can be.

Needs Score:

Low (0-12)

Medium (13-23)

High (24-36)

Are there other service needs that are not identified by the needs assessment form? Or is there one service need that is so pressing that it needs immediate, "emergent" attention? Please specify.

Did you share the results of the needs assessment with the youth? Their parents? Yes No
If not, why not?

Does the youth generally agree with the results of the needs assessment? Yes No
If the youth disagrees with the needs assessment, what are the major areas of disagreement?

NEEDS ASSESSMENT INSTRUMENT

For each item below, select the Single appropriate answer and enter the associated number in the adjacent blank. Where appropriate concretely describe the present situation/need.

DRUG/CHEMICAL ABUSE

- 0 No interference with functioning 1 Occasional abuse, some disruption of functioning, unwilling to participate in treatment program 2 Frequent abuse, serious disruption, needs immediate treatment _____

SPECIFY: _____

ALCOHOL ABUSE

- 0 No known use 1 Occasional abuse, some disruption of functioning, unwilling to participate in treatment program 2 Frequent abuse, serious disruption, needs immediate treatment _____

SPECIFY: _____

PRIMARY FAMILY RELATIONSHIPS

- 0 Relatively stable relationships or not applicable 1 Some disorganization or stress but potential for improvement 2 Major disorganization or stress _____

SPECIFY: _____

ALTERNATIVE FAMILY RELATIONSHIPS ("Significant" adult relationships)

- 0 Relatively stable relationships or not applicable 1 Sonic disorganization or stress but potential for improvement 2 Major disorganization _____

SPECIFY: _____

EMOTIONAL STABILITY

- 0 Appropriate adolescent responses 1 Exaggerated periodic or sporadic responses, e.g., aggressive acting out or depressive withdrawal 2 Excessive responses; prohibits or limits adequate functioning _____

SPECIFY: _____

INTELLECTUAL ABILITY

- 0 Able to function independently 1 Some need for assistance, potential for adequate adjustment; mild impairment 2 Deficiencies severely limit independent functioning, moderate cognitive impairment _____

SPECIFY: _____

LEARNING DISABILITY

- 0 None 1 Mild disability, able to function in a classroom 2 Serious disability, interferes with social functioning _____

SPECIFY: _____

EMPLOYMENT (Where applicable)

- 0 Not needed or currently employed 1 Currently employed but poor work habits 2 Needs employment _____

SPECIFY: _____

VOCATIONAL/TECHNICAL SKILLS

- 0 Currently developing marketable skill 1 Needs to develop marketable skill _____

SPECIFY: _____

NEEDS ASSESSMENT INSTRUMENT

(continued)

If appropriate, enter the value 1 for each characteristic which applies to this case.

Educational Adjustment

- Not working to potential
- Poor Attendance
- Program not appropriate for needs, age and/or ability
- Disruptive school behavior

_____ TOTAL _____

Peer Relationships

- Socially inept
- Loner behavior
- Receives basically negative influence from peers
- Dependent upon others
- Exploits and/or victimizes others (especially in placement)

_____ TOTAL _____

Health, Mental Health And Hygiene

- Medical or dental referral needed
- Needs health or hygiene education
- Handicap or illness limits functioning
- Need for mental health intervention (Specify)

_____ TOTAL _____

Sexual Adjustment

- Lack knowledge (sex education)
- Avoidance of the opposite sex
- Promiscuity (not prostitution)
- Sexual deviant (not human trafficking)
- Unwed parent
- Human Traffcking

_____ TOTAL _____

Range -- **Low** (0-12); **Medium** (13-23); **High** (24-36)

TOTAL NEEDS SCORE _____