

# **PREBLE COUNTY COMMON PLEAS COURT, JUVENILE DIVISION**

101 East Main Street, Second Floor, Eaton, Ohio 45320

Tel: (937) 456-8136

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**Jenifer K. Overmyer**  
Judge

**K. Brent Copeland**  
Magistrate

**Heather Morton**

Court Administrator (937) 456-8133 [heather.pcprobation@gmail.com](mailto:heather.pcprobation@gmail.com)

**YOU ARE MAKING AN IMPORTANT AND POSITIVE STEP TOWARDS GETTING YOUR CHILD BACK ON THE RIGHT TRACK. THIS PROGRAM CAN HELP ADDRESS PROBLEMATIC BEHAVIOR AND OFFER GUIDANCE AND DIRECTION IN THE FOLLOWING AREAS:**

- SCHOOL TRUANCY/POOR GRADES/LEARNING DISABILITIES
- MENTAL HEALTH
- DISRESPECT TOWARDS AUTHORITY FIGURES
- SUBSTANCE ABUSE/CHEMICAL DEPENDENCY
- REFERRALS FOR COUNSELING
- REFERRALS TO ADDRESS PREVIOUS TRAUMA AND/OR ABUSE
- RUNNING AWAY
- PARENTING
- VARIOUS OTHER ISSUES

**THE INTAKE & DIVERSION SPECIALIST WILL REVIEW AND PROCESS THE UNRULY REFERRAL, AFTER WHICH, YOU WILL BE CONTACTED TO DISCUSS THE REFERRAL AND WHAT PROGRAM WOULD BEST ADDRESS YOU AND YOUR CHILD'S NEEDS.**

**CONTACT NUMBERS FOR THE COURT AND DIVERSION HAVE BEEN PROVIDED BELOW:**

## **CONTACT NUMBERS:**

### **PREBLE COUNTY JUVENILE COURT**

Main Phone: (937) 456-8136

Elizabeth Sizemore, Clerk: (937)456-8138

### **JUVENILE DIVERSION**

Michelle Shafer, Diversion Specialist

Phone: (937)456-2754

Email: [michelle.pcprobation@gmail.com](mailto:michelle.pcprobation@gmail.com)

**UNRULY REFERRAL QUESTIONNAIRE**

**DATE:** \_\_\_\_\_

**CHILD INFORMATION:**

\_\_\_\_\_  
FIRST ("NICKNAME") MIDDLE LAST JR/SR

RESIDENTIAL PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO  
CHILD: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP COUNTY

SCHOOL: \_\_\_\_\_ LEVEL: \_\_\_\_\_

M/F \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ RACE: \_\_\_\_\_

ANY SCARS/TATTOOS \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
CHILD'S EMAIL: \_\_\_\_\_

CHILD'S CELL PHONE NUMBER: \_\_\_\_\_

**MOTHER**

\_\_\_\_\_  
FIRST ("NICKNAME") MIDDLE LAST

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP COUNTY

MAIDEN NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

RACE: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

INCOME: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

**FATHER**

\_\_\_\_\_  
FIRST ("NICKNAME") MIDDLE LAST

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP COUNTY

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

RACE: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

INCOME: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

**MEMBERS OF THE HOUSEHOLD (CONTINUE ON BACK IF NEEDED):**

	NAME	DATE OF BIRTH	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**CHILD MEDICAL/MENTAL HEALTH HISTORY:**

INSURANCE COVERAGE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ TEL# \_\_\_\_\_

DOES YOUR CHILD HAVE ANY DIAGNOSED MEDICAL AND/OR MENTAL HEALTH ISSUES?  
\_\_\_ YES \_\_\_ NO. IF YES, PLEASE DESCRIBE (CONTINUE ON BACK IF NEEDED): \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS YOUR CHILD IS PRESCRIBED AT THIS TIME (CONTINUE ON BACK IF NEEDED):

DO YOU HAVE A CASE WORKER FROM THE DIVISION OF CHILDREN & FAMILY SERVICES (PCJFS/CSD) WORKING WITH YOUR FAMILY? \_\_\_ YES \_\_\_ NO.

IF YES, WHAT TYPE OF SPECIFIC SERVICES AND HELP ARE YOU RECEIVING?

PLEASE PROVIDE SOCIAL WORKER'S NAME: \_\_\_\_\_ TEL# \_\_\_\_\_

DOES YOUR CHILD HAVE AN IEP AT SCHOOL? \_\_\_ YES \_\_\_ NO.

DO YOU SUSPECT ANY DRUG OR ALCOHOL USE BY YOUR CHILD? \_\_\_ YES \_\_\_ NO.

HAVE THERE BEEN ANY RECENT ACTS OF PHYSICAL VIOLENCE OR THREATS OF VIOLENCE AMONG FAMILY/HOUSEHOLD MEMBERS IN THE HOME? \_\_\_ YES \_\_\_ NO.

WHAT KIND OF DISCIPLINE, STRATAGIES AND/OR OTHER SERVICES HAVE YOU TRIED IN AN EFFORT TO IMPROVE YOUR CHILD'S BEHAVIOR (CONTINUE ON BACK IF NEEDED):



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