

JUVENILE FIRESETTER INTAKE FORM

AGENCY PLACING INITIAL CALL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

COURT RETURN DATE: \_\_\_\_\_

PARENT INFORMATION:

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

JUVENILE INFORMATION:

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

NATURE OF PROBLEM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRED TO FIRESETTER COORDINATOR: \_\_\_\_\_  
(DATE / TIME)

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EVALUATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EVALUATION DATE: \_\_\_\_\_ BEHAVIOR LEVEL: 1 2 3

FOLLOWUP RECOMMENDATION:

\_\_\_\_\_  
\_\_\_\_\_  
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EVALUATION RECEIVED: \_\_\_\_\_  
LETTER SENT TO FAMILY: \_\_\_\_\_  
COURT NOTIFIED: \_\_\_\_\_  
FAXED DIVISION FORM: \_\_\_\_\_