



|                                       |                  |
|---------------------------------------|------------------|
| <b>Person's Name (First MI Last):</b> | <b>Record #:</b> |
|---------------------------------------|------------------|

**Organization Name:**

**Legal Involvement and History Addendum**

| Legal Charges | Designation   | Status   | Outcome  | Dates/Term (if known)  |                                  |
|---------------|---|--|--|--|----------------------------------|
|               | <input type="checkbox"/> Juvenile<br><input type="checkbox"/> Adult<br><input type="checkbox"/> Civil | <input type="checkbox"/> Pending<br><input type="checkbox"/> Court Ordered Evaluation<br><input type="checkbox"/> Open Warrant | <input type="checkbox"/> Not Guilty<br><input type="checkbox"/> Dismissed<br><input type="checkbox"/> Diversion<br><input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Felony<br><input type="checkbox"/> Restitution | <input type="checkbox"/> Incarcerated<br><input type="checkbox"/> Court Ordered Treatment<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Parole<br><input type="checkbox"/> Continued | <b>Begin:</b><br><br><b>End:</b> |
|               | <input type="checkbox"/> Juvenile<br><input type="checkbox"/> Adult<br><input type="checkbox"/> Civil | <input type="checkbox"/> Pending<br><input type="checkbox"/> Court Ordered Evaluation<br><input type="checkbox"/> Open Warrant | <input type="checkbox"/> Not Guilty<br><input type="checkbox"/> Dismissed<br><input type="checkbox"/> Diversion<br><input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Felony<br><input type="checkbox"/> Restitution | <input type="checkbox"/> Incarcerated<br><input type="checkbox"/> Court Ordered Treatment<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Parole<br><input type="checkbox"/> Continued | <b>Begin:</b><br><br><b>End:</b> |
|               | <input type="checkbox"/> Juvenile<br><input type="checkbox"/> Adult<br><input type="checkbox"/> Civil | <input type="checkbox"/> Pending<br><input type="checkbox"/> Court Ordered Evaluation<br><input type="checkbox"/> Open Warrant | <input type="checkbox"/> Not Guilty<br><input type="checkbox"/> Dismissed<br><input type="checkbox"/> Diversion<br><input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Felony<br><input type="checkbox"/> Restitution | <input type="checkbox"/> Incarcerated<br><input type="checkbox"/> Court Ordered Treatment<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Parole<br><input type="checkbox"/> Continued | <b>Begin:</b><br><br><b>End:</b> |

**Name and Phone Number of Court** (if applicable):

**Name and Phone Number of Probation/Parole Officer** (if applicable):

**Domestic Relations Court Involvement** (i.e., Custody, Protective Services, Restraining Order):

**Current**   No   Yes   Comment:

**Past**   No   Yes   Comment:

**Juvenile Court Involvement** (Related to Child Abuse, Neglect or Dependency):

**Current**   No   Yes   Comment:

**Past**   No   Yes   Comment:

Has a Child In Need of Services (CHINS) petition been filed?   No   Yes   Comment:

**Child Support Enforcement Orders:**    None Reported / Comments:

|  |              |  |              |
|--|--------------|--|--------------|
| <b>Provider - Print Name/Credential:</b>                         | <b>Date:</b> | <b>Supervisor - Print Name/Credential</b> (if needed): | <b>Date:</b> |
| <b>Provider Signature:</b>                                       | <b>Date:</b> | <b>Supervisor Signature</b> (if needed):               | <b>Date:</b> |
| <b>Person's Signature</b> (Optional, if clinically appropriate): | <b>Date:</b> | <b>Parent/Guardian Signature</b> (If appropriate):     | <b>Date:</b> |