



Name of Facility:																							
Facility Address:																							
Youth's Name:					SSN:					Fac. CM:													
Date/Time Admitted:					Transported By:					TFACTS ID#:													
Commitment Date:					Committing County:					Judge:													
Offense(s):																							
Indeterminate		Determinate		Adult		Attorney:						FSW											
Previous Court Record:																							
All Previous Facilities:																							
Legal Guardian:																							
Home Address:																							
Date of Birth:				Age:				Height:				Weight:		lbs.		Eyes:				Gender:			
Home Phone#:					Race:				Hair:				Birthplace:										
Marks, Scars, etc																							
Emergency Contact:					Relationship:					Phone#:													
Address:					City:					State:					Zip:								
Religious Preference:					Pastor:																		
Father:					Age:				Mother:					Age:									
Address:					Address																		
<b>Siblings</b>		<b>Name</b>			<b>Address</b>								<b>Age</b>										
Youth's Marital Status:					Spouse's Name:					Age:													
Spouse's Address:																							
Last Living Children:					Address					Age:													
Last School Attended:					Address																		
Date:					Last Grade Completed:																		
Prior Employment:																							
Remarks:																							

<b>Youth's Signature:</b>				Wish to consult legal aid?		Yes		Date:			
Received/Recorded by:						No		Time:			
Additional Information and Comments:											

