

JUVENILE DIVERSION QUESTIONNAIRE

This form is strictly voluntary. Do not fill this out if you intend to go to court and enter a formal plea.

NAME: _____ **AGE:** _____ **DATE:** _____

Either fill in the blanks, check each box that applies, or circle your answers. Please be honest.

SCHOOL

1.) What school do you attend?

2.) What grade are you in? _____

3.) What is your GPA (or grades that you typically get)?

4.) Are you failing any classes at this time? Y N

5.) If so, how many? 1 2 3 or more

6.) How would you describe your relationships with your peers at school?

- Could use some work Good Fair
 Horrible Great Other

7.) How would you describe your relationships with teachers, principals, or other adults at your school?

- Could use some work Good Fair
 Horrible Great Other

8.) Have you ever spoken to a school official regarding any discipline issues? (Truancy, attendance, etc.) Y N

9.) Have you ever been suspended (in school/out of school) OR expelled from a school? Y N

FAMILY / HOME

10.) What type of housing do you live in?

- House Apartment Mobile home Shelter Other

11.) Please list everyone who lives in your home & their relationship to you:

12.) How would you describe your relationship with your mom?

- Good Could use some work Fair
 Great Non-existent Horrible

13.) How would you describe your relationship with your dad?

- Good Could use some work Fair
 Great Non-existent Horrible

14.) How would you describe your relationship with your siblings?

- Good Could use some work Fair
 Great Non-existent Horrible

15.) Have you ever snuck out of your house or a friend's house? Y N

FRIENDS

16.) When it comes to your friends, are you a leader or follower? Leader Follower

17.) Are your friends a positive or negative influence on you? Positive Negative

18.) Do you have any friends that are in a gang or associate with gang members? Y N

19.) Do you feel like you can stand up to your friends if they ask you to do something you know is wrong? Y N

20.) Do you often give in to peer pressure? Y N

21.) When thinking of your 3 closest friends, how many generally get into trouble?

- None 1 or 2 All of them

DRUGS / ALCOHOL

22.) During the past 12 months, did you drink any alcohol (more than a few sips)? Y N

23.) During the past 12 months, did you smoke any marijuana or hashish? Y N

24.) Have you ever used anything else to get high (including illegal drugs, synthetic marijuana, over the counter and / or prescription drugs or anything used to sniff or huff)? Y N

25.) Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? Y N

26.) Do you ever use drugs or alcohol to relax, feel better about yourself, or fit in? Y N

27.) Do you ever use alcohol or drugs while you are by yourself or alone? Y N

28.) Do you ever forget things you did while using alcohol or drugs? Y N

29.) Do your family OR friends ever tell you that you should cut down on your drinking or drug use? Y N

30.) Have you gotten into trouble while you were using alcohol or drugs? Y N

31.) Have you ever smoked /consumed marijuana that came from a person who had a medical marijuana license? Y N

HEALTH / SAFETY

32.) Have you ever experienced or directly witnessed the following? (Please check all that apply)

- Physical abuse Neglect Bullying
- Sexual abuse Seclusion Fighting
- Domestic violence Death of a loved one / friend
- Online bullying/ abuse Homelessness
- Injuring yourself / cutting Suicidal thoughts
- Suicidal attempts Abandonment
- Depression / feeling sad Running away / Couch surfing
- Severe illness / Injury Eating Disorder
- Other: (Please describe) _____

33.) What helps you feel safe? (Please check all that apply)

- Drawing / Coloring Reading Exercise
- Video Games Crying Walking
- Listening to Music Cooking Talking
- Watching TV / Movies Writing Other

34.) What kind of space is most comfortable when you feel stressed or unsafe?

- Quiet area Your room In bed
- Safety room Other _____

35.) How often do you feel sad or depressed?

PERSONAL

36.) Which race / ethnic group best describes you?

- African American / Black Hispanic / Latino
- White , Non-Hispanic Asian/Pacific Islander
- American Indian Multi-Racial Other _____

37.) What would encourage you to make positive changes?

38.) I work at a paid / volunteer job _____ hours a week.

39.) Have you ever received a ticket prior to this? Y N

If so, what for? _____

40.) What are some of the things you like to do for fun or in your spare time? (Include any hobbies, clubs, or after school activities)

41.) Is there anything else you can tell us that you think would be helpful? _____

