



**State of Illinois
Circuit Court of Cook County
PROBATION DEPARTMENT CASE CLOSING REPORT FORM**

Revised December, 2007

Section 1: Identifying Information and Court Status

Date of Report: ___/___/___ Name of Juvenile _____ DOB: ___/___/___
Last First Initial

Client ID # _____ JEMS ID # _____ Gender: Male Female Zip Code: _____

Race: African American Caucasian Hispanic Other: _____

Case Type: Diversion/Informal Supervision
 Date Diversion Initiated: ___/___/___
 Screening PO: _____
 Screening SPO: _____
 Division: _____
 Suburban Municipal District (if applicable): _____
 Most Serious Charge on THIS referral _____

Diversion Program Used _____

Diversion Outcome: Satisfactory/Undesignated
 Unsatisfactory _____

Date Diversion Ended: ___/___/___

Case Type: Probation
 Court Ordered Supervision

PO: _____
 SPO: _____
 Division: _____
 Suburban Municipal District (if applicable): _____
 Most Serious Charge on THIS petition: _____

Petition # _____
 Judge: _____ Calendar _____
 Petition Terminated: Satisfactory/Undesignated
 Unsatisfactory _____

Termination Date: ___/___/___

Section 2: Law Abiding Behavior (Community Safety)

Were charges filed against the juvenile for committing a new offense during Diversion/Informal Supervision on THIS referral? Yes No

Were charges filed against the juvenile for committing a new offense while on Probation/Court Ordered Supervision on THIS petition? Yes No

Section 3: Restitution/Project REPAY/Community Service (Accountability)

	Amount Ordered	Amount Paid/Completed	
Restitution:	\$ _____	\$ _____	
Project REPAY	(Hours) _____	(Hours) _____	Victim paid: \$ _____
Community Service	(Hours) _____	(Hours) _____	Program Type: _____

Section 4: School Participation (Competency Development)

Was youth attending school?	At Case Assignment	At Case Closing
	<input type="checkbox"/> Yes (indicate grade _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes (indicate grade _____) <input type="checkbox"/> No
If not attending, why not?	<input type="checkbox"/> Employed <input type="checkbox"/> Home schooled	<input type="checkbox"/> Graduated <input type="checkbox"/> Completed GED
	<input type="checkbox"/> Dropped Out <input type="checkbox"/> Unknown	<input type="checkbox"/> Employed <input type="checkbox"/> Home schooled
		<input type="checkbox"/> Dropped Out <input type="checkbox"/> Unknown

Section 5: Other Services & Programs (Competency Development)

	Client Referred	Still Active	Terminated Satisfactorily	Terminated Unsatisfactorily
Outpatient Drug Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Drug Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Impact Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>