

Name:
Date of Birth:
Case number:

Date:

Youth Court Report

The judge wants to know what you have to say, because what you think is important. What you say in this report will let the judge know what you think about things that matter to you. When you tell the judge what you think, it does not mean you will get what you ask for. It is to let the judge know what is important to you.

Answer the questions in this report and give it to your guardian *ad litem*, or GAL. Your GAL is the attorney appointed to you to by the court. Your GAL tells the court what they believe is best for you. If you don't know how to contact your GAL, ask your caseworker.

- 1. Put your name, date of birth, case number (if you know it), and the date at the top of this page.**
- 2. Answer the questions you want to answer in this report.**
- 3. Give your report to your GAL at least 14 days before the hearing. Your GAL will review your report and send it to the judge.**

You can answer questions in this report even if you won't go to your hearing. If you go to your hearing, you can use this report to help you when you talk to the judge.

Your report will be shared with a few people other than the judge. This is who will get your report:

- all attorneys involved in your case,
- Department for Children and Families (DCF),
- your case worker,
- your CASA, if the court has appointed one to you, and
- the Citizen Review Board (CRB), if CRB has been assigned to your case.

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Attorneys involved in your case can share what you write with your parents/relatives, but they cannot give them a copy of your report.

If you are nervous or worried about putting something in your report, talk to your GAL. If you want to talk to the judge, talk to your GAL.

What I Want the Judge to Know

Family and Permanent Connections

1. Can you see or contact your parents, brothers, sisters, and other people who are important to you?

Yes. How does it go?

No. Why not?

2. Is there anyone you would like to see or contact (family or friends)?

Yes.

No.

Who is it?

Where do they live?

How do you know them? (friend, coach, teacher, other)

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Safety

1. Do you feel safe with your friends and the adults in your life (case worker, foster parent, family members, teachers, etc.)?

Yes. No. I don't know.

2. Do you feel safe with your boyfriend or girlfriend?

I don't have a boyfriend or girlfriend.

Yes. No. I don't know.

3. Do you want to speak to the judge in private about any relationship?

Yes. No. I don't know.

4. Do you want to learn about healthy relationships? This can be any relationship, including a boyfriend, girlfriend, friends, teachers, family, or others.

Yes. No.

5. Is there an adult in your life you trust and can talk to?

Yes. No.

If not, would you like help finding one?

Yes. No.

6. Do you feel safe where you live now?

Yes. What makes you feel safe?

No. What makes you feel unsafe?

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7. Do you feel safe at school?

Yes. No. What would make you feel safe at school?

8. Is there anyone you see now that you don't want to see anymore?

Yes. Who are they and why don't you want to see them?

No.

Education

1. What would make school better for you?

Tutor. Supplies. Activities. Friendships.

Other.

2. What do you want to do after you graduate high school?

Go to college. Go to trade school. Get a job.

Other.

3. How are your grades?

Good. Not good.

4. What makes you proud about what you do in school?

5. What is hardest for you at school?

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6. What are your educational goals for the next six months?

Health

1. Do you have questions about your health (physical, mental, dental)?

Yes. No.

2. Are you worried about your health (physical, mental, dental)?

Yes. No.

3. Do you take medicine?

Yes. No.

4. If you take medicine, do you know why?

Yes. No.

5. Do you have questions about the medicine you take?

Yes. What are your questions? No.

6. Do you have any worries about the medicine you take?

Yes. What are your worries? No.

7. Is there medicine you should take that you do not take?

Yes. Why? No.

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8. Is there medicine you take that you do not want to take?

Yes. Why? No.

9. Do you feel comfortable when you talk to your doctor about your health and the medicine you take?

Yes. No. Why?

10. Do you feel comfortable when you talk to your therapist about your health and the medicine you take?

Yes. No. Why?

11. Have you been to the doctor in the past year?

Yes. No. I don't know.

12. Have you been to the dentist in the last six months?

Yes. No. I don't know.

13. Have you been to a therapist or counselor in the last three months?

Yes. No. I don't know.

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Personal Items

1. On the list below, mark items that you need or would like to have.

Clothes	Pajamas	Underwear	Socks
Jacket/Coat	Shoes	Toothbrush	Toothpaste
Floss	Orthodontics (braces, etc.)	Eyeglasses	Contacts
Tampons	Pads	Medication (Ibuprofen, etc.)	Razor
Shaving Cream	Comb/Brush	Shampoo/Conditioner	Hair Styling Products
Hair Styling Accessory	Skin care (face wash, astringent, moisturizer, acne products, etc.)	Body care (body wash and lotion)	Deodorant
Makeup	Perfume/cologne/body spray	Books	Journal
Sports equipment (bat, balls, face mask)	Suitcase	Backpack	Blankets/pillow
School supplies	Headphone/ear buds		

2. Is there anything you want the court to know about the items you selected above.

Yes. What?

No.

3. Is there something you need that's not on the list?

Yes. What?

No.

Culture and Religion

1. Are you able to go to the church or religious services of your choosing?

Yes. What?

No.

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2. Do you feel you are allowed to be part of your own culture?

Yes. No.

3. Do you want to learn more about your culture, a religion, or spirituality?

Yes. No.

Work, Career, and Life Plans:

1. Are you working now?

Yes. No.

2. What kind of work do you want to do right now?

I need help finding a job.

I do not want to or cannot work right now.

3. What kind of work do you want to do when you are older?

4. What are two things you would like to learn before you start living on your own?

a.

b.

5. What do you want to do or achieve in your lifetime?

6. Do you know how to take steps to achieve your goals?

Yes. No.

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7. Do you want help choosing steps you can take to achieve your goals?

Yes. No.

8. What could stop you from reaching your goals?

9. Do you need help getting your identification card or driver's license?

Yes. No.

10. Do you need help getting your Social Security card?

Yes. No.

11. Do you have your own bank account?

Yes. Who is on the account with you?

No.

12. Do you need help opening your own bank account?

Yes. No.

13. Do you need help getting to and from work?

Yes. No.

14. Do you want to learn about driving school?

Yes. No.

Hobbies

1. What do you enjoy doing in your free time?

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2. Is there something you want to learn to do?

Yes. What?

No.

3. Are there activities you want to do with others?

Yes. What?

No.

4. What stops you from doing these activities with others?

Court

1. Do you get to decide if you attend court?

Yes. No.

If you have not attended court, do you want to?

Yes. No.

2. Do you have worries about attending court?

Yes. What?

No.

4. Do you feel the judge understands what you want?

Yes.

No. Why not?

5. How often do you see, talk to, email, or text your GAL?

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6. Does your GAL help you get ready for court and tell you what happened after the hearing is over?

Yes.

No.

7. Do you feel your GAL understands what you want?

Yes.

No. Why not?

8. Have the adults in your life shared your placement information binder with you?

Yes.

No.

If you want to tell the judge something else that is not in this report, write it in the box on the next page. Remember, give this report to your GAL. Your GAL will give your report to the judge.

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Additional Information

Use this space to tell the judge anything else they need to know.