SUPERIOR COURT OF THE STATE OF ARIZONA
PIMA COUNTY JUVENILE COURT CENTER
2225 E AJO WAY
TUCSON AZ 85713-6295

PARENT(S)/GUARDIAN(S) INFORMATION QUESTIONNAIRE

CONFIDENTIAL

Completely fill out forms and bring to the interview, If you fail to fill out completely, your interview may take longer. PLEASE PRINT IN INK

Juvenile's Full Name: _____ JC#: _____ PO: _____

Juvenile's SS#: _____ Employer: _____ Work/Cell #: _____

School: _____ Grade: _____ Enrolled? Yes or No DOB: _____

Juveniles: Eye Color ___ Hair Color ____ Height____ Weight ___ Minor lives with? M F G Other: _____ Ethnicity: _____

Siblings names-First & last name (B)Brother-(HB)Half Brother-(SB)Step Brother(S)Sister-(HS)Half Sister-(SS)Step-sister Circle below which apply:

B/HB/SB/S/HS/SS NAME:_____ DOB: _____
B/HB/SB/S/HS/SS NAME:_____ DOB: _____
B/HB/SB/S/HS/SS NAME:_____ DOB: _____
B/HB/SB/S/HS/SS NAME:_____ DOB: _____
B/HB/SB/S/HS/SS NAME:_____ DOB: _____

Mother/Step-mother/Guardian/Other (CIRCLE ONE)

Full Name: _____ ____ _____ DOB: _____
First **MI** **Last**

Driver's License: _____ SS#: _____

Home Address: _____ _____ _____ _____
Street **City** **State** **Zip**

Mailing Address: _____ _____ _____ _____
Street or P O Box # **City** **State** **Zip**

Home Telephone #: _____ Cell #:_____ Message #: _____

Employer: _____ Job Title: _____ Work #: _____

Father/Step-father/Guardian/Other (CIRCLE ONE)

Full Name: _____ ____ _____ DOB: _____
First **MI** **Last**

Driver's License: _____ SS#: _____

Home Address: _____ _____ _____ _____
Street **City** **State** **Zip**

Mailing Address: _____ _____ _____ _____
Street or P O Box **City** **State** **Zip**

Home Telephone #: _____ Cell #:_____ Message #: _____

Employer: _____ Job Title: _____ Work #: _____

I have truthfully given the information, which appears on this statement as accurate and true. I will notify the Court of any change in my address or employment within five (5) days of that change.

Disclosure of your Social Security number is voluntary. It may be used for further collection activities for any unpaid financial obligation assessed/ordered by this Court per statute.

_____ _____ _____
Interview Date **Signature of Parent(s)/Guardian(s)** **Signature of Parent(s)/Guardian(s)**

DIVERSION AND VICTIMS' RIGHTS FEE ASSESSMENT INFORMATION

ASSESSMENT INFORMATION:

The law, by statute, requires that a parent be assessed a $50.00 Diversion Fee and a $25.00 Victims' Rights Fee, if a victim offense was committed, for each complaint or citation adjusted without a minor appearing before a Juvenile Court Judge.

Check one option:

( ) I will pay the $50.00 Diversion and/or the $25.00 Victims' Rights Fee to the Clerk of the Superior Court at the conclusion of today's interview.

( ) I elect to be billed for the assessed fee(s) and understand the fees are due and payable within **30 days.**

( ) I will contact the Collections Unit to set up payment installments. I have received a copy of the Financial Obligation Information Brochure. The Assessment/Collections Unit telephone numbers are: 740-4463.

Parent(s) Legal Guardian(s) Other(s) initial: _____

SECTION TO BE COMPETED BY THE JUVENILE PROBATION OFFICER

COMPLAINT ASSESSMENT VERIFICATION: JC#: _____

Complaint #: _____ _____ _____ _____ _____ **Contract Signed Date:** _____

Victim Fee Assessed: _____ Yes _____ No **Complaint #**_____ _____ **CA REVIEW**
DATE

COMPLAINT CONSEQUENCE VERIFICATION: (List which program - drug/misd-and letter for-fam-com-vic)

Complaint Number: _____ _____ DUE: _____
Complaint Number: _____ _____ DUE: _____
Complaint Number: _____ _____ DUE: _____
Complaint Number: _____ _____ DUE: _____
Complaint Number: _____ _____ DUE: _____
Complaint Number: _____ _____ DUE: _____

Juvenile Probation Officer Signature: _____

SECTION TO BE COMPLETED BY ASSESSMENT/COLLECTIONS UNIT

Diversion Fee: $_____ Victims' Rights Fee: $_____

Collections Unit Initials: _____ Date: _____