

PRE-DISPOSITIONAL STUDY

JD-JM-54 Rev. 12-08
C.G.S. 46b-125, 46b-134
Pr. Bk. § 30a-5

**STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS**



Name of Child

Address of Court

Hearing Date

Docket Number(s)

Address of Child

Date of Birth

Current Offenses

PRE-DISPOSITIONAL STUDY

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Name of Child

Child's Statement

Prior Court History

Disposition Date	Offense	Disposition

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Name of Child

Physical And Medical History

Height	Race	Ethnicity	Weight	Hair	Eyes
Place of Birth			Date of Birth	Date of Birth Verified By	
Medical History					

Education

Name of School	Grade	Date Report Requested	Date Received
Type of School Program	Enrollment Status	Special Education ☐ Yes ☐ No	Currently Expelled ☐ Yes ☐ No

Attendance

Academic Performance

School Behavior

Recommendations

Psychological Examination

Name of Examination	Date of Exam
Diagnosis and Recommendation	

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Name of Child

Psychiatric Examination

Name of Examiner	Date of Exam
Diagnosis and Recommendation	

Religious Affiliation, Preference

Religious Affiliation

Leisure Time Activities

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Name of Child

Father

Name of Father	Telephone Number	Date of Birth	Place of Birth
Address		Education	
Occupation	Salary	Employer	

Mother

Name of Mother	Telephone Number	Date of Birth	Place of Birth
Address		Education	
Occupation	Salary	Employer	

Other

Name	Telephone Number	Date of Birth	Place of Birth
Address		Education	
Occupation	Salary	Employer	

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Name of Child

Siblings

Name	Date of Birth	Sex	Comments

Home, Economic Conditions, Intra-Family Relationships

Household Income

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Name of Child

Victim/Complainant/Attitude and Restitution**Agencies, Interested Individuals**

DCF Involvement

☐ Yes ☐ No

Involvement Type

EmploymentCurrent or Last Employer *(Name)*

Job Title

Address

City

State

Zip

Phone Number

Industry

Type

Probation Officer Observations

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Name of Child

Assets

Liabilities

Recommendation

Reviewed By	Date	Submitted By	Date
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