

# ADULT CLIENT INTAKE/ELIGIBILITY DETERMINATION FORM

Non-Residential Programs

7/2020

Client ID \_\_\_\_\_  
First Contact Date \_\_\_\_\_

Household ID Number: \_\_\_\_\_  
Case Close Date: \_\_\_\_\_

All questions should be completed within \_\_\_\_\_ of intake.

## A. CLIENT DEMOGRAPHICS

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Phone intake

2. In-person intake

2. Gender Identity: ☐ Female ☐ Male ☐ Other: \_\_\_\_\_ ☐ Not Reported (Client declined)

☐ Transgender female (male to female): Someone whose sex is or was male but identifies as female

☐ Transgender male (female to male): Someone whose sex is or was female but identifies as male

☐ Genderqueer/Gender non-conforming: Someone who does not identify exclusively as male or female, somewhere in between or neither gender identity

3. Age at First Contact: \_\_\_\_\_

4. Race/Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> South Asian (NEW in FY21 – Subgroup of Asian)	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Hispanic/Latinx	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> MENA (Middle Eastern North African) – Note federal agencies consider this a subgroup of White.
	<i>Client should self-identify.</i> <i>Check as many as apply.</i> <input type="checkbox"/> Other _____			

5. Sexual Orientation: ☐ Heterosexual/Straight ☐ Homosexual/Gay/Lesbian ☐ Bisexual

☐ Queer: Refers broadly to lesbians, gay, bisexual people and others who may NOT identify with the terms above but DO identify with this term.

☐ Other: \_\_\_\_\_ ☐ Not Reported: Client declined or not collected)

☐ Unknown: Note: If client uses the term "Questioning" to describe their sexual orientation, please use the "Other" category above and write in this term.

6. Veteran's Status: ☐ No ☐ Yes ☐ Unknown ☐ Not Reported (Client declined OR not collected)

7. Employment: ☐ Full Time ☐ Not Employed ☐ Part Time ☐ Unknown

8. Education: ☐ College Grad or More ☐ High School Grad ☐ No High School ☐ Some College  
☐ Some High School ☐ Unknown

9. Marital Status: ☐ Common Law ☐ Divorced ☐ Legally Separated ☐ Married ☐ Single ☐ Unknown ☐ Widowed

10. Pregnant: ☐ No ☐ Not Reported ☐ Unknown ☐ Yes ☐ Not Applicable (male clients only)

11. Number of Children: \_\_\_\_\_

#	Name	Gender	Age

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### B. PRIMARY PRESENTING ISSUE (choose ONE):

☐ Emotional DV ☐ Physical DV ☐ Sexual DV Primary Offense Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Offense Location: ☐ Car ☐ Internet/Social Media ☐ Offender's Home ☐ Other Private Location ☐ Other Public Location  
☐ Phone ☐ Park ☐ School ☐ Shared Home ☐ Street  
☐ Victim's Home ☐ Victim's Work ☐ Other: \_\_\_\_\_

### 2. Other Presenting Issues: (Check as many as apply)

- |   |   |  |  |   |   |
|---|---|--|--|---|---|
| <input type="checkbox"/> Rape/Sexual Assault          | <input type="checkbox"/> Adult survivor incest/child sexual assault | <input type="checkbox"/> Stalking                | <input type="checkbox"/> Harassment              | <input type="checkbox"/> Child sexual assault | <input type="checkbox"/> Child abuse        |
| <input type="checkbox"/> Child neglect                | <input type="checkbox"/> Date rape                                  | <input type="checkbox"/> Drugged                 | <input type="checkbox"/> Home invasion           | <input type="checkbox"/> Hate crime           | <input type="checkbox"/> Physical DV        |
| <input type="checkbox"/> Sexual DV                    | <input type="checkbox"/> Emotional DV                               | <input type="checkbox"/> Domestic battery        | <input type="checkbox"/> Aggravated dom. battery | <input type="checkbox"/> Violation of OP      | <input type="checkbox"/> Elder abuse        |
| <input type="checkbox"/> Financial Abuse              | <input type="checkbox"/> Spiritual Abuse                            | <input type="checkbox"/> Human Labor Trafficking | <input type="checkbox"/> Human Sex Trafficking   | <input type="checkbox"/> Homicide             | <input type="checkbox"/> Attempted homicide |
| <input type="checkbox"/> DUI/DWI                      | <input type="checkbox"/> Other assault                              | <input type="checkbox"/> Battery                 | <input type="checkbox"/> Assault/battery         | <input type="checkbox"/> Burglary             | <input type="checkbox"/> Robbery            |
| <input type="checkbox"/> Other offense against person | <input type="checkbox"/> Other offense                              | <input type="checkbox"/> Unknown offense         |  |   |   |

### C. CLIENT INCOME SOURCE(S):

Check as many as apply AND indicate MONTHLY amount.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Earned Income \$ _____                | <input type="checkbox"/> Worker compensation \$ _____             | <input type="checkbox"/> Pension from former job \$ _____                        |
| <input type="checkbox"/> Unemployment Insurance \$ _____       | <input type="checkbox"/> TANF \$ _____                            | <input type="checkbox"/> Child Support \$ _____                                  |
| <input type="checkbox"/> SSI \$ _____                          | <input type="checkbox"/> Soc Sec Disability \$ _____              | <input type="checkbox"/> Alimony/other spouse income \$ _____                    |
| <input type="checkbox"/> Veterans disability pay \$ _____      | <input type="checkbox"/> General assistance \$ _____              | <input type="checkbox"/> Other Source _____ \$ _____                             |
| <input type="checkbox"/> Private disability insurance \$ _____ | <input type="checkbox"/> Retirement income/Soc. Security \$ _____ | <input type="checkbox"/> No financial resources <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Veteran's pension \$ _____            |   |  |

Note: You may use:  
-1 unknown; -2 not reported for any value

### D. NON-CASH BENEFITS/HEALTH INSURANCE:

#### 1. Non-Cash Benefits:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Food Stamps/food benefit card (Link Card) | <input type="checkbox"/> TANF Transportation                        | <input type="checkbox"/> Other Source                  |
| <input type="checkbox"/> Special Supplemental nutrition (WIC)      | <input type="checkbox"/> Other TANF funded services                 | <input type="checkbox"/> Receives NO Non-Cash Benefits |
| <input type="checkbox"/> TANF Child Care services                  | <input type="checkbox"/> Section 8, public housing, rent assistance | <input type="checkbox"/> Unknown                       |

#### 2. Health Insurance

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medicaid health insurance (18 & older only) | <input type="checkbox"/> State children's health insurance (Children's Medicaid) | <input type="checkbox"/> Private health insurance |
| <input type="checkbox"/> Medicare health insurance                   | <input type="checkbox"/> Veteran's administration med services                   | <input type="checkbox"/> No health insurance      |
|  |  | <input type="checkbox"/> Unknown                  |

### E. REFERRALS:

#### 1. Referred FROM (Client Referral Source):

- |                                       |   |   |   |  |  |
|---------------------------------------|---|---|---|--|--|
| <input type="checkbox"/> Legal System | <input type="checkbox"/> Sexual Assault Program   | <input type="checkbox"/> Housing Program  | <input type="checkbox"/> Circuit Clerk    | <input type="checkbox"/> Public Health       | <input type="checkbox"/> Child Advocacy Center |
| <input type="checkbox"/> Hospital     | <input type="checkbox"/> Medical Advocacy Program | <input type="checkbox"/> Private Attorney | <input type="checkbox"/> Clergy           | <input type="checkbox"/> Relative            | <input type="checkbox"/> Friend                |
| <input type="checkbox"/> Medical      | <input type="checkbox"/> Law Enforcement          | <input type="checkbox"/> State's Attorney | <input type="checkbox"/> Education System | <input type="checkbox"/> Media               | <input type="checkbox"/> IL DV Helpline        |
| <input type="checkbox"/> Self         | <input type="checkbox"/> Social Service Program   | <input type="checkbox"/> Other DV Program | <input type="checkbox"/> DCFS             | <input type="checkbox"/> National DV Hotline | <input type="checkbox"/> Other Local Hotline   |

☐ Other Referral Source: \_\_\_\_\_

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### 2. Referred TO:

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> State's Attorney | <input type="checkbox"/> Clergy          | <input type="checkbox"/> Other DV Program       | <input type="checkbox"/> Legal System     | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Circuit Clerk    | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Social Service Program | <input type="checkbox"/> Private Attorney | <input type="checkbox"/> DCFS            |
| <input type="checkbox"/> Hospital         | <input type="checkbox"/> Public Health   | <input type="checkbox"/> Sexual Assault Program | <input type="checkbox"/> Education System | <input type="checkbox"/> Housing Program |

☐ Other Referrals: \_\_\_\_\_

### F. SPECIAL NEEDS Check as many as apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No special needs indicated                             | <input type="checkbox"/> Unknown  | <input type="checkbox"/> Not Reported               |
| <input type="checkbox"/> Is hearing impaired                                    | <input type="checkbox"/> Has limited English<br>(Primary Language: _____) | <input type="checkbox"/> Requires special diet      |
| <input type="checkbox"/> Requires assistance in feeding, dressing, or toileting | <input type="checkbox"/> Requires a wheelchair                            | <input type="checkbox"/> Other Special Needs: _____ |
| <input type="checkbox"/> Must have medications administered                     | <input type="checkbox"/> Has immobility                                   |   |
| <input type="checkbox"/> Is visually impaired-requires assistance               | <input type="checkbox"/> Has developmental disability                     |   |

### G. SERVICES NEEDED: Check all services needed by client at time of intake.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Shelter          | <input type="checkbox"/> Emotional/Counseling       | <input type="checkbox"/> Child Care       | <input type="checkbox"/> Medical Advocacy           |
| <input type="checkbox"/> Housing          | <input type="checkbox"/> Individual Support (child) | <input type="checkbox"/> Legal Services   | <input type="checkbox"/> Crisis Intervention        |
| <input type="checkbox"/> Financial        | <input type="checkbox"/> School Advocacy (child)    | <input type="checkbox"/> Employment       | <input type="checkbox"/> Transportation             |
| <input type="checkbox"/> Referral         | <input type="checkbox"/> Group Activity (child)     | <input type="checkbox"/> Legal Advocacy   | <input type="checkbox"/> Parent/Child Support       |
| <input type="checkbox"/> Lock up/Board up | <input type="checkbox"/> Education                  | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Community Advocacy (child) |
|   |   |   | <input type="checkbox"/> Therapy                    |

### H. RESIDENCE:

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Enter UK for Unknown, NR for Not reported)

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Emergency Contact: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### Type of Residence (at point of intake) (Required for Chicago DFSS grantees)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Emergency shelter (Other DV or homeless) | <input type="checkbox"/> Substance abuse treatment facility | <input type="checkbox"/> Staying/living w/ family member                    | <input type="checkbox"/> Place not meant for habitation |
| <input type="checkbox"/> Transitional housing-homeless            | <input type="checkbox"/> Jail/prison/juvenile detention ctr | <input type="checkbox"/> Staying/living w/friend                            | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Perm. housing for formerly homeless      | <input type="checkbox"/> Room/apt/house rented              | <input type="checkbox"/> Hotel/motel paid for w/o emergency shelter voucher | <input type="checkbox"/> Unknown                        |
| <input type="checkbox"/> Psychiatric hospital/facility            | <input type="checkbox"/> Apt/house owned                    | <input type="checkbox"/> Foster care home/group home                        | <input type="checkbox"/> Not Reported                   |

### Length of stay in place indicated above: (Required for Chicago DFSS grantees)

- |   |  |                                     |   |   |                                  |
|---|--|-------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> 1 week or less | <input type="checkbox"/> 1 week to 1 month | <input type="checkbox"/> 1-3 months | <input type="checkbox"/> 3 months to 1 year | <input type="checkbox"/> 1 year or longer | <input type="checkbox"/> Unknown |
|---|--|-------------------------------------|---|---|----------------------------------|

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## I. OFFENDER INFORMATION:

Name: \_\_\_\_\_ County/State: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (at victim intake): \_\_\_\_\_ Case #: \_\_\_\_\_ DOC #: \_\_\_\_\_

Race/Ethnicity:  Check ONLY ONE category for Offender.	<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> South Asian (NEW in FY21 – Subgroup of Asian/Pacific Islander)	<input type="checkbox"/> Hispanic/Latinx	<input type="checkbox"/> Native American
	<input type="checkbox"/> White	<input type="checkbox"/> MENA (Middle Eastern North African) – Note federal agencies consider this a subgroup of White.	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown

Gender: ☐ Female ☐ Male ☐ Other

Offender Relationship to Client – Note order of categories has changed in FY21 form compared to earlier versions.

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Acquaintance - Female | <input type="checkbox"/> Acquaintance - Male | <input type="checkbox"/> Boyfriend        | <input type="checkbox"/> Child/Grandchild - Female | <input type="checkbox"/> Child/Grandchild - Male |
| <input type="checkbox"/> Ex-Boyfriend          | <input type="checkbox"/> Ex-Girlfriend       | <input type="checkbox"/> Ex-Husband       | <input type="checkbox"/> Ex-Wife                   | <input type="checkbox"/> Father                  |
| <input type="checkbox"/> Father's Girlfriend   | <input type="checkbox"/> Friend - Female     | <input type="checkbox"/> Friend - Male    | <input type="checkbox"/> Girlfriend                | <input type="checkbox"/> Husband                 |
| <input type="checkbox"/> Mother                | <input type="checkbox"/> Mother's Boyfriend  | <input type="checkbox"/> Same Sex Partner | <input type="checkbox"/> Wife                      |  |

## Visitation:

- ☐ No Visitation Allowed ☐ Supervised Visitation ☐ Unsupervised Visitation ☐ Visitation Not an Issue ☐ Unknown

If there are police and/or state's attorney charges against the offender, document those on the Medical / Criminal Justice Information Form.

## J. ELIGIBILITY DETERMINATION/PROGRAM RESPONSE:

Eligible for Services:

1. Based on the circumstances documented above, it is reasonable to conclude that the individual identified herein and accompanying children, if any, is subject to, or at risk of, abuse and is eligible to receive domestic violence services on the basis for the need for protection.

Immediate Program Response:

- 1) Accepted as client in on-site residence  
2) Accepted as client in emergency shelter  
3) Accepted client as non-residential client  
4) Referred to another program (name) \_\_\_\_\_
2. Based on information received at the time of intake, I conclude this individual is not eligible for services.

Intake Worker: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by my signature, I am verifying the above information and requesting service for \_\_\_\_myself; \_\_\_\_myself and family. I also understand that I have a right to appeal and have a fair hearing of any grievance.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## MEDICAL/CRIMINAL JUSTICE -- VICTIM DOCUMENTATION INFORMATION

### MEDICAL

Visit medical facility? ☐ No ☐ Not Reported ☐ Unknown ☐ Yes

Treated For Injuries? ☐ No ☐ Not Reported ☐ Unknown ☐ Yes

Seriousness Of Injuries: ☐ Did not require hospital admission ☐ Required hospital admission ☐ Unknown

Photos Taken: ☐ No ☐ Not Reported ☐ Unknown ☐ Yes Location of Photos: \_\_\_\_\_

Type of Medical Facility: ☐ Clinic ☐ ER ☐ None ☐ Other ☐ Private Physician ☐ Trauma Ctr. ☐ Unknown

Evidence Kit Used? ☐ No ☐ Not Reported ☐ Unknown ☐ Yes

Other Family Problems: \_\_\_\_\_

The Offender (check all that apply):

<input type="checkbox"/> Threw something at your victim	<input type="checkbox"/> Beat up your victim
<input type="checkbox"/> Pushed, grabbed or shoved your victim	<input type="checkbox"/> Choked your victim
<input type="checkbox"/> Slapped your victim	<input type="checkbox"/> Threatened your victim with a knife or gun
<input type="checkbox"/> Kicked, bit or hit your victim with a fist	<input type="checkbox"/> Used a knife or fired a gun
<input type="checkbox"/> Hit or tried to hit your victim with something	

### ORDERS OF PROTECTION

Originally Sought Order: ☐ Granted ☐ Denied ☐ Pending ☐ Unknown Date Filed: \_\_/\_\_/\_\_

County: \_\_\_\_\_ Date Issued: \_\_/\_\_/\_\_

Type of Order: ☐ Emergency ☐ Interim ☐ Plenary ☐ Unknown Date Vacated: \_\_/\_\_/\_\_

Forum: ☐ Criminal ☐ Civil ☐ Unknown

Original Date Of Expiration: \_\_/\_\_/\_\_ Comments: \_\_\_\_\_

<p>Activity 1</p> <p><input type="checkbox"/> EOP to IOP <input type="checkbox"/> Violation W/Police Charge</p> <p><input type="checkbox"/> EOP to POP <input type="checkbox"/> Violation W/O Police Charge</p> <p><input type="checkbox"/> IOP to POP</p> <p><input type="checkbox"/> Extension Activity Date: __/__/__</p> <p><input type="checkbox"/> Modification New Expiration Date: __/__/__</p>	<p>Activity 2</p> <p><input type="checkbox"/> EOP to IOP <input type="checkbox"/> Violation W/Police Charge</p> <p><input type="checkbox"/> EOP to POP <input type="checkbox"/> Violation W/O Police Charge</p> <p><input type="checkbox"/> IOP to POP</p> <p><input type="checkbox"/> Extension Activity Date: __/__/__</p> <p><input type="checkbox"/> Modification New Expiration Date: __/__/__</p>
<p>Activity 3</p> <p><input type="checkbox"/> EOP to IOP <input type="checkbox"/> Violation W/Police Charge</p> <p><input type="checkbox"/> EOP to POP <input type="checkbox"/> Violation W/O Police Charge</p> <p><input type="checkbox"/> IOP to POP</p> <p><input type="checkbox"/> Extension Activity Date: __/__/__</p> <p><input type="checkbox"/> Modification New Expiration Date: __/__/__</p>	<p>Activity 4</p> <p><input type="checkbox"/> EOP to IOP <input type="checkbox"/> Violation W/Police Charge</p> <p><input type="checkbox"/> EOP to POP <input type="checkbox"/> Violation W/O Police Charge</p> <p><input type="checkbox"/> IOP to POP</p> <p><input type="checkbox"/> Extension Activity Date: __/__/__</p> <p><input type="checkbox"/> Modification New Expiration Date: __/__/__</p>

### POLICE

Date Reported to Police: \_\_/\_\_/\_\_ ☐ Patrol Interview ☐ Detective Interview

### PROSECUTION

☐ State's Attorney Interview ☐ V/Witness ☐ Trial Scheduled Trial Type: ☐ Bench ☐ Jury ☐ Unknown

Court Appearance __/__/__	If results in continuance, which type?	<input type="checkbox"/> Defense	<input type="checkbox"/> Prosecution	<input type="checkbox"/> Other
Court Appearance __/__/__	If results in continuance, which type?	<input type="checkbox"/> Defense	<input type="checkbox"/> Prosecution	<input type="checkbox"/> Other
Court Appearance __/__/__	If results in continuance, which type?	<input type="checkbox"/> Defense	<input type="checkbox"/> Prosecution	<input type="checkbox"/> Other
Court Appearance __/__/__	If results in continuance, which type?	<input type="checkbox"/> Defense	<input type="checkbox"/> Prosecution	<input type="checkbox"/> Other
Court Appearance __/__/__	If results in continuance, which type?	<input type="checkbox"/> Defense	<input type="checkbox"/> Prosecution	<input type="checkbox"/> Other

V/W Participate: ☐ Yes ☐ No ☐ Not Appropriate ☐ Unknown

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## MEDICAL/CRIMINAL JUSTICE -- OFFENDER CRIMINAL JUSTICE DOCUMENTATION

### POLICE

Police Department: \_\_\_\_\_ Report Number: \_\_\_\_\_

Arrest Made? ☐ No ☐ Not Reported ☐ Unknown ☐ Yes Date of Arrest: \_\_/\_\_/\_\_

Police Charge	Date of Charges: __/__/__
Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown
Police Charge	Date of Charges: __/__/__
Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown

### PROSECUTION

Charges Filed? ☐ No ☐ Not Reported ☐ Unknown ☐ Yes

Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown
State's Attorney Charge:	Charge Date: __/__/__
Disposition:	<input type="checkbox"/> Acquitted <input type="checkbox"/> Convicted, Lesser Charge <input type="checkbox"/> Dismissed, Victim Didn't Show <input type="checkbox"/> Mistrial <input type="checkbox"/> Pled Guilty, Original Charge
<input type="checkbox"/> Charges Dropped <input type="checkbox"/> Dismissed, Fines <input type="checkbox"/> Dismissed, Want Of Prosecution <input type="checkbox"/> Other: _____ <input type="checkbox"/> Stricken On Leave	
<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed, Other Reason <input type="checkbox"/> Hung Jury <input type="checkbox"/> Pled Guilty, Lesser Charge <input type="checkbox"/> Unknown	
Sentence 1:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation
Sentence Date: __/__/__ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution	
Sentenced for: Yrs ____ Mo ____ Days ____ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown	
Sentence 2:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation
Sentence Date: __/__/__ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution	
Sentenced for: Yrs ____ Mo ____ Days ____ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown	
Sentence 3:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation
Sentence Date: __/__/__ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution	
Sentenced for: Yrs ____ Mo ____ Days ____ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown	
Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown
State's Attorney Charge:	Charge Date: __/__/__
Disposition:	<input type="checkbox"/> Acquitted <input type="checkbox"/> Convicted, Lesser Charge <input type="checkbox"/> Dismissed, Victim Didn't Show <input type="checkbox"/> Mistrial <input type="checkbox"/> Pled Guilty, Original Charge
<input type="checkbox"/> Charges Dropped <input type="checkbox"/> Dismissed, Fines <input type="checkbox"/> Dismissed, Want Of Prosecution <input type="checkbox"/> Other: _____ <input type="checkbox"/> Stricken On Leave	
<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed, Other Reason <input type="checkbox"/> Hung Jury <input type="checkbox"/> Pled Guilty, Lesser Charge <input type="checkbox"/> Unknown	
Sentence 1:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation
Sentence Date: __/__/__ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution	
Sentenced for: Yrs ____ Mo ____ Days ____ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown	
Sentence 2:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation
Sentence Date: __/__/__ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution	
Sentenced for: Yrs ____ Mo ____ Days ____ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown	
Sentence 3:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation
Sentence Date: __/__/__ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution	
Sentenced for: Yrs ____ Mo ____ Days ____ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown	