



State of Tennessee
Department of Children's Services

Predisposition Investigation and Report Manual

Juvenile Justice

Office of Community Services

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PREDISPOSITION REPORT: INTRODUCTION

FUNCTIONS

The predisposition report serves a critical function. When used by the court prior to the final disposition of a delinquency case the predisposition report helps the Court to make a more informed disposition. Having completed a predisposition report should the youth be placed on probation or enter state custody the home county family service worker also has a ‘jumpstart’ toward completion of a family functional assessment, has been provided with additional time to consider the elements of the family permanency plan, and additional time to consider the nature of residential services if needed.

An overlooked benefit of predisposition investigations is meeting and gaining rapport with the child and family. Many times interviews associated with the predisposition investigation are the first contact that the child and family have with the Department of Children Services. This is an opportunity for staff to establish a good relationship with the child and the family, and to explain to them what to expect during their involvement with the Department.

OBJECTIVES

The objective of the predisposition report is to record all the pertinent information that can be obtained about the child, family, and the community in which they live. It may include an assessment of the child's needs, and recommendations as to intervention, disposition alternatives, programs, or placements. The report should include a description of other problems the child and family may be having which did not result in a formal complaint to the court. The report should describe the child's character and personality, and reveal the nature of his /her relationship with other people. The predisposition report should help the reader to understand the environment in which the child lives. It should address those factors that may be causing or contributing to the child's behavior or family dynamics. The report should include information about any needed medical attention, and should note the physical and mental capacities of the individual. It should include specific information regarding medication the child is taking or has taken in the past, particularly psychotropic medication for addressing mental health concerns, medicine for seizure disorder, etc. It should include an assessment of whether the child is a danger to himself, to others, or to the community. The predisposition report should also note any particular strengths or special interests the child and family may have, as well as any supportive community ties which could be helpful in working with the child and family. All of these factors are extremely important in order for the court to make informed dispositions that are truly in the best interest of the child, family, and community.

INVESTIGATIVE ROLE OF DEPARTMENT OF CHILDRENS'S SERVICES EMPLOYEES

The family service worker completing the predisposition report is responsible for searching out all pertinent facts about the child and family, **verifying information** gathered, compiling the data, and presenting the results in an organized and objective document. The family service worker is responsible for investigating each child and family without bias or prejudice.

WRITING THE REPORT

When writing a predisposition report, information should be obtained from all available sources, the child, parents, siblings, other relatives, neighbors, teachers, pastors, and any agency workers who have served the family or child.

Information should be obtained from **personal interviews** with the child and with his/her parents or guardians. A home visit must be made to see firsthand the child's living situation and neighborhood. Information should be gathered from Juvenile Court records, police reports, and school records. If current psychological reports are available a summary of the report should be included in the predisposition report. Reports from other agencies or departments who have had contact with this child or family are also good sources of information.

Information gathered from any source should be verified as completely as possible. There are several ways to verify: personal contact, letters, telephone calls, etc. The preferred method for resolving any doubt as to the truth of the information is to establish contact with the source. Verification of facts by the child or parents' statements should be used only when other sources are not available. **Unverified information should be labeled as such. Immeasurable harm may result from unverified information presented as fact.** The writer must clearly distinguish between what is factual and what is inferred. In writing about the child's relationship with his/her parents, for example, it is important to note whether this information was obtained from the child, from his/her parents, or from some other source.

In writing the report, use short sentences and paragraphs confined to single topics or thoughts. However, do not employ brevity at the expense of completeness. The writer should avoid repetition and irrelevant statements.

Generalized terms frequently fail to define the difference between persons, situations, and circumstances. Ambiguous terms such as "disorderly home" and "heavy drinker" may have different meanings to different people. Such terms should be avoided or further explained, by describing frequency of use, quantity of consumption, etc.

Use caution in verbatim reporting. Use a direct quotation only if it gives a better picture of the client or the situation. Meanings may be distorted or altered if any preceding or following statement, or any part of the quoted portion, is omitted.

Use technical words and phrases only if they have commonly accepted meanings. When diagnostic psychiatric, medical, or psychological terminology is used in the predisposition report, include an explanation of the diagnostic statement.

STYLES AND FORMAT

Predisposition reports shall be written in a clear and concise manner, utilizing Standard English, with proper grammar, spelling, and punctuation. Slang words and expressions shall be used only as quotes. Use the basic questions WHO, WHAT, WHEN, WHERE, and HOW, and if pertinent, WHY, in gathering information and composing the report.

The report shall consist of the Predisposition Report face sheet, followed by the remainder of the report, in paragraph style, and with subheadings. Information such as prior record, prior employment, etc., may be tabulated for convenience.

THE MANUAL

The predisposition report outline in this manual shall be used by staff as a guide when conducting interviews and gathering information. Information in each category of the predisposition report must meet the minimum requirements described in the manual. The manual gives examples of types of information to be included in each category. Staff should not feel limited to asking only the questions in the outline and should feel free to ask any other questions that might provide information about the case.

PREDISPOSITION REPORT FACE SHEET: *(Minimum Requirement)*

The first page of the predisposition report provides a brief overview of significant identifying and court-related information. The following is a definition of terms which are included in the identifying information.

| | |
|---|--|
| <u>JUDGE:</u> | Enter the name of the committing/referring judge. Note if he/she is a referee or a special judge. |
| <u>COURT:</u> | Give the name of the committing or referring court. |
| <u>REGION:</u> | Enter the name of the region preparing the predisposition report. |
| <u>DISTRICT ATTORNEY:</u> | Provide the name of the D.A. handling the case. If the D.A.'s office is not participating, complete the space with "none". <u>COUNTY:</u> Enter the county of jurisdiction. |
| <u>DEFENSE ATTORNEY:</u> | Give the name of the defense attorney and the attorney's telephone number. If no defense attorney was present, enter "none." |
| <u>DATE OF REFERRAL:</u> | Enter the date the case was referred for a predisposition investigation |
| <u>NAME AND ADDRESS:</u> | Enter the legal name of the client as shown on the birth certificate. List any aliases (also known as). Give the present home address and telephone number of the child. The legal residence should be the same address as that of the legal guardian. Indicate if the child is living at a different address. |
| <u>PREVIOUS PLACEMENTS:</u> | List any prior out of home placements. |
| <u>AGE:</u> | Give the age of the child on his/her last birthday. |
| <u>DATE OF BIRTH:</u> | Self-explanatory. |
| <u>SEX:</u> | Male or female. |
| <u>RACE:</u> | Race is to be recorded as white, black, native American, Asian, or other. |
| <u>HEIGHT, WEIGHT, EYES, HAIR:</u> | Self-explanatory. |
| <u>SOCIAL SECURITY NUMBER:</u> | Enter the nine-digit social security number. |
| <u>MEDICAL INSURANCE:</u> | Insurance company name, address and plan number of the insured. If a child has Tenn Care |

coverage enter the provider's name and address.

**BIRTH CERTIFICATE
NUMBER:**

Enter the birth certificate number and state, if other than Tennessee.

**PRIMARY CARETAKER:
ADDRESS/PHONE:**

Give the name and address of persons having legal custody. If the child is not living with the legal guardian, give the name and address of the person with whom the child is living, including telephone numbers and the relationship to the child.

FAMILY DOCTOR:

Enter the name, address, and phone number of the doctor the child has been seeing.

**MEDICAL LIMITATIONS,
MEDICATIONS, SPECIAL
NEEDS:**

Indicate any medical problems the child may have, including any prescribed medications the child may be taking. Indicate special needs, i.e., mental retardation, unable to return home, alcohol and drug issues.

CURRENT OFFENSE:

State the offense(s) with which the youth has been charged, and the date(s) on which the offenses occurred. Enter the date of the petition or arrest, the city and county where the arrest took place, and the name of petitioner.

DISPOSITION:

To be completed following final disposition.

EDUCATION DATA:

If the child is of school age enter the name of the current or last school attended by the child. Include dates of attendance, school address, telephone number, current or last grade placement, and whether the child was enrolled in any special education programs.

PREPARED BY:

The name of the family service worker completing the report, date of completion, and the family service worker's office phone number should be included. If an intern or volunteer prepared the report, his/her name, as well as that of the supervising staff will be included.

APPROVED BY:

The name and telephone number of the approving team leader and the date of approval are entered here.

I. PRESENTING PROBLEM: *(Minimum Requirement)*

Indicate the offense(s) or situation that brought the child and/or family before the court. Pertinent dates should be included and this information should reflect the "official version" of the problem as presented in petitions or warrants. Include enough of the circumstances surrounding the offense or situation to give a clear picture of what occurred. Also report the child's or family's version if it differs from the official version. Note the presence or absence of any pending charges.

Include if pertinent:

- ◆ Note any appeals.
- ◆ Describe how the child or family feels regarding the Department or Court's involvement.
- ◆ Does the child feel mistreated?
- ◆ Was the child angry, indifferent or upset?
- ◆ Indicate how long child was held in detention, if applicable.
- ◆ Note any special security circumstances such as a failure to appear, an attempt to escape, or risk to self or the community.

II. PREVIOUS PROBLEMS: *(Minimum Requirement)*

List in chronological order, from the earliest to the most recent offense, the youth's prior record. Give the date of the offense, the location of the court (city and county), the date of adjudication, and the disposition. If disposition was transferred to another county, please note. Indicate each, prior appearance in court, including petitions that were dismissed. Address the presence or absence of any previous institutional record or other out of home placements. Indicate any issues regarding dependent or neglect complaints or child protective services involvement with the child or family.

Include if Pertinent:

List additional information on previous probation, Home Ties, or other intervention services. Indicate the length of time spent in programs and if programs were successfully completed.

III. FAMILY HISTORY: (*Minimum Requirement*)

A. Father:

Give the father's full name, his age, his education level, and his place of employment. If he is employed, state how long. Also include his address and phone number if different from the child's. Discuss the father's marital history and current marital status. Does he have a court record? Address the presence or absence of alcohol, drug, or mental problems. Describe any physical problems or medications. What is the nature of the father's relationship with the child? If deceased give age at death, date of death, and cause.

B. Mother:

Provide the same information as for the father.

C. Stepparent/Guardian/Significant Others/Spouses/or Children of Client:

Provide the same information as father and mother. Additionally, include how long stepparent has lived with the child. What is their relationship? Has the parent noticed a difference in the child's behavior since the stepparent came into the home? If a child is married or has children, that information should also be covered in this area. Spouse information should be the same as for father and mother. Information about children should include name, age, and "present address." Who is the primary caretaker for the child? What is the other parent's name? Has paternity been established? Is child support being paid or has support been ordered by a court?

D. Siblings:

List from oldest to youngest, by name, age. Indicate relationship such as brother, half-brother, etc. Show present address or location of sibling. Indicate any court record. Have any siblings been under supervision or in the custody of the Department of Children's Services? If any siblings are deceased, give name, age at death, approximate date of death, and cause. Address the possibility of adult (18 years old) siblings, living independently of the family, serving as possible placement resources.

IV. FAMILY INTERACTION: *(Minimum Requirement)*

Assess the degree of stability of the family unit. Specifically indicate any observable strengths in the family. Is there conflict in the family? If so, what is the cause of the conflict? Generally, how do family members get along with each other? Address sibling relationships. Are there adequate male or female role models in the family? Indicate if there have been recent traumatic events that could cause an impact on the family. Does the family express a religious preference?

Comment:

Family service workers should exercise caution in developing family information. Details that come from one family member, such as the mother, may be distorted by that person's perception. Both parents should be interviewed if possible. Many assumptions based on one parent or child interview may prove false and may compromise the integrity of the report.

V. HOME AND NEIGHBORHOOD: *(Minimum Requirement)*

Give the date when the home visit was made. How long has the family been living in their current home? Describe the home. Is the home in good repair? Is space adequate for the size of the family? What are the housekeeping standards? How is the home furnished? Does the child have a private room or access to privacy? How many people are in the home? Describe the neighborhood: rural, small-town, or urban, high or low crime area. Are community resources easily accessible? How often has the family moved over the past five (5) years?

VI. CHILD

A. Early developmental history: (Minimum Requirement)

Discuss any problems during the mother's pregnancy, such as emotional trauma, physical abuse, drug or alcohol abuse, illness or accidents. Were there any complications at birth? Describe any early problems such as stuttering, convulsions, enuresis, or temperament. Identify any serious illnesses or accidents the child may have experienced.

Include if pertinent:

Identify any traumatic experiences that may have impacted the child. Was the child isolated from others his age? Describe pre-school problems.

Did child adapt well to preschool? Is there a history of physical abuse or sexual abuse? (Caution should be exercised in obtaining this information and it should be verified by independent sources, where possible.) Indicate the extent of agency involvement if the child ever received treatment for developmental delay, abuse, or neglect.

B. Health: (Minimum Requirement)

Address the health of the child. List any limitations and medical needs. Address any medical history or need for medical treatment. Did the child have Tenn Care coverage prior to entering custody? If covered by Tenn Care when was the last EPSDT screening? Have there been any EPSDT treatment recommendations? Who provided the most recent EPSDT screening?

C. Personality: (Minimum Requirement)

Describe the child's perception of self. How is the child perceived by others, such as parents, teachers, youth service officers, or probation officers? Have there been any recent changes in personality (i.e. mood changes, withdrawal, depression, or changes in behavior)? What are the major problems in the child's relationship with peers and with authority figures? Address the presence or absence of drug or alcohol use. If the child is involved with drugs or alcohol, discuss the extent of his/her involvement (i.e., recreational, experimental, frequent abuse, or dealing). How does the child spend his/her leisure time? Does the child have any special talents (i.e., sports, art, music, etc.)? Does the child have any history of suicidal behavior?

Include if Pertinent:

With whom does child associate? Are they younger or older? Is the child a loner? Does the child have trouble maintaining peer relationships? Are the child's peers a help or hindrance in the rehabilitation process? Describe the child's sexual adjustment and relation to the opposite sex. Note any promiscuity, homosexuality, incest, or rape. Does the child have an awareness of the cause of his/her problems? Identify any organizations or groups to which the child belongs (i.e., gangs, church, scouts, etc.).

D. Education: (Minimum Requirement)

Give the name of the school most recently attended and the child's most recent grade placement. Has the child been successful (passed all grades) in school? What are the major problems in school (poor grades, behavior, truancy, suspensions, or expulsions)? Is the child in accelerated, remedial, or special education classes? If the child was in special education classes when was the

last M-Team staffing? Is the child currently making passing grades? If appropriate to age, indicate vocational training or areas of interest.

Include if Pertinent:

List other schools that have been attended. Are there any school resources that are available that have not been used? What strengths, talents, special abilities, does the child have? Is the child motivated to do school work?

Comment:

Family service workers should discuss the child with more than one teacher. The guidance counselor may prove helpful. The school administrator who handles disciplinary problems can give insight into the kind and number of incidents, and problems in which a child has been involved.

E. Testing and Mental Health Services: (Minimum Requirement)

List any mental health services and/or testing (within the past 3 years) the child may have received, including dates, locations, and an agency contact person (this may not always be the person who originally provided services). Were services inpatient or outpatient? Indicate length of service. Were services successfully concluded and were there any recommendations at the time of the discharge?

F. Employment: (Minimum Requirement)

List any employment the child has held. Indicate length of employment and, if no longer employed, the reason for leaving the job.

VII. RESTITUTION: (Minimum Requirement)

If the youth appeared in court as the result of a delinquent or unruly petition, address the question of restitution or public service work ordered by the court. Address in non- custodial/pre-disposition reports if the youth can realistically make cash or symbolic (public service) restitution.

VIII. FINANCIAL ASSISTANCE: (Minimum Requirement)

List any financial aid (participation in Families First, SS, SSI, food stamps, child support) the family is currently receiving.

IX. SOURCES OF INFORMATION: (*Minimum Requirement*)

List individuals and agencies contacted as sources of information. Give specific identifying information, such as “*Oakland High School, Mrs. Smith, Guidance Counselor.*”

X. SUMMARY, RECOMMENDATIONS, AND SUPERVISION PLAN: (*Minimum Requirement*)

Briefly summarize the current problem, prior problems, and the child's family background. Note particular strengths and weaknesses of the child and family. Address community resources that may be helpful. All pre-disposition reports must provide dispositional alternatives for the court's consideration. A tentative supervision plan must also be suggested for each alternative. The tentative supervision plan must address living arrangements, education or employment, the level of supervision, and, if needed, special services. Staff must also address the need for special conditions of probation such as curfew, mental health testing or counseling, attendance at AA, restitution, and public service work, if needed. Address whether or not the child can realistically make cash or symbolic (public service work) restitution.

PREDISPOSITION REPORT OUTLINE

With the adoption of minimum predisposition report standards managers may find it beneficial to use a quick and easy reference. The following outline is intended for such use. The outline contains only those items that have been designated as minimum standards. Keep in mind that any additional pertinent information may be included in the predisposition report. Also keep in mind that to omit pertinent information about a particular child, even though that information has not been designated as a minimum standard, could result in a predisposition report with significant shortcomings. The outline is included in the Appendix of this manual.

SUPERVISORY REVIEW OF PREDISPOSITION REPORTS

Each predisposition report will be subject to supervisory review and approval. The face sheet of each predisposition report contains the name of the supervisor, and his/her initials shall be an indication that the predisposition report was reviewed and that departmental minimum standards have been met.

APPENDIX

| | | | | | | | |
|--|---------------------|---|---|--|---------------|-------------|------|
| STATE OF TENNESSEE PREDISPOSITION REPORT | Judge | | | | | | |
| | Court | | | Region | | | |
| | District Attorney | | | County | | | |
| | Defense Attorney | | | Date of Referral | | | |
| Phone # | | | | | | | |
| IDENTIFYING DATA | | | Previous Placements | | | | |
| NAME: (Last) | | (First) | | (Middle) | | (AKA/Alias) | |
| Address: | | | | | Phone Number: | | |
| Age | DOB | Sex | Race | Height | Weight | Eyes | Hair |
| SS Number | Birth Certificate # | Medical Insurance/Insurance Co. Name/Address/Phone TennCare Plan/Number | | | | | |
| Primary Caretaker – Address/Phone | | | Family Doctor – Name/Address/Phone | | | | |
| Relationship to Child | | | Medical Limitations/Medications/Special Needs | | | | |
| COURT DATA | | | | | | | |
| Current Offense(s)/Date(s) Occurred | | | | Date of Petition or Arrest/Petitioner/City Needs | | | |
| Disposition: | | | | | | | |
| EDUCATION DATA | | | | | | | |
| Current or Last School Attended | | From: | To: | Address: | | Phone: | |
| Current Grade Place: _____ | | | | Special Education: Yes ___ No ___ | | | |
| _____ | | | | _____ | | | |
| Prepared By/Date/Phone | | | | Approved By/Date/Phone | | | |

PREDISPOSITION REPORT OUTLINE

I. PRESENTING PROBLEM

- A. What brought the child/family before the court*
- B. Official version of offense (date of offense and circumstances)*
- C. Child's or family's version if different from official version*
- D. Date of hearing and court's disposition*
- E. Scheduled date of disposition hearing*
- F. Pending charges*

II. PREVIOUS PROBLEMS

A. Prior record -in chronological order

- 1. Date of offense
 - 2. Location of court (city and county) 3. Date of disposition
 - 4. Final disposition of each case
- B. Previous interventions, including any dependent neglect investigations*
 - C. Presence or absence of prior institutional record or other out- of-home placements*
 - D. Outcome of previous C.P.S. referrals or dependent/neglect petitions*

III. FAMILY HISTORY

A. Father

- 1. Full legal name
- 2. Age
- 3. Educational level

4. Place and length of employment
5. Address and phone number if different from the child's
6. Presence or absence of a court record
7. Presence or absence of alcohol, drug or mental problems, physical problems or medication issues
8. Relationship with child
9. Current marital status
10. If deceased give age at death, date of death, cause

B. Mother

Same as above

C. Stepparent, Significant Other/Spouse

Same as above

D. Client's Children

1. Name
2. Age
3. Present address
4. Primary caretaker if not client
5. Has paternity been established
6. Child support

E. Siblings

1. Name
2. Age
3. Relationship (brother, sister, half- or step-sibling, etc.)
4. Current place of residence, if residing apart from the child

5. Court record
6. Whether any sibling has been under supervision or in the custody of the Department
7. If deceased give age at death, date of death, cause
8. Can an adult sibling (if any) serve as a possible placement resource?

IV. FAMILY INTERACTION

- A. Assess the stability of the family unit
- B. Generally, how does the family get along?
- C. Perceived strengths in family structure
- D. Is there conflict in the family?
- E. What is the source of the conflict?
- F. Address sibling relationships
- G. Are there adequate role models in the home?
- H. Recent traumatic events
- I. Family religious preference

V. HOME AND NEIGHBORHOOD

- A. Date of home visit
- B. Brief description of the home
- C. Type of home
- D. How long they have lived there
- E. Perceived housekeeping standards and home maintenance
- F. Is there adequate space?
- G. Does the child have a private room?

- H. How many people are in the home?
- I. Describe the neighborhood; i.e., rural, small town, urban
- J. Does the neighborhood have a high or low incidence of crime?
- K. Accessibility of community resources
- L. How often has the family moved in the past 5 years?

VI. CHILD

A. Early developmental history

1. Problems during pregnancy, complications at birth
2. Early childhood developmental problems; *i.e.*, stuttering, enuresis
3. Serious illnesses or accidents the child has had

B. Health

1. Child's current health status
2. List any medical limitations and medical needs
3. Does child have TennCare coverage?
4. When was last EPSDT screening?
5. List any EPSDT treatment recommendations
6. Who provided the most recent EPSDT screening?'

C. Personality

1. Child's perception of self
2. How the child is perceived by others?
3. Recent changes in personality
4. Problems in child's relationships with peers and authority figures
5. Address use of drugs and alcohol

6. How does child spend leisure time?
7. Does child have special talents?
8. Does the child have a history of suicidal behavior?

D. Education

1. Name of most recent school attended
2. Most recent grade placement
3. School success
4. Major problems (truancy, behavior, poor grades)
5. Is child in accelerated, remedial, or special education classes?
6. What is the child's special education disability, if any? (Attach psychoeducational evaluation from parent or guardian)
7. If special education, when was last IEP-Team staffing? (Attach last IEP from parent or guardian)
8. Is child currently making passing grades? Or if in special education, making progress in his or her current school placement?
9. Vocational training or interest, if age appropriate

E. Testing and Mental Health Services

1. List mental health services the child has received, including dates, location, and contact person
2. List mental health testing within the past 3 years, including dates, location, and contact person
3. Were services in-patient or outpatient?
4. Length of services
5. Were services successfully concluded, discharge recommendations

F. Employment

1. Employment type, length
2. If previously employed, reason for leaving

VII. RESTITUTION

Address restitution and/or public service work

VIII. FINANCIAL ASSISTANCE

List any financial aid the child or family is currently receiving (Families First, SS, SSI, food stamps, child support, V A, etc.)

IX. SOURCES OF INFORMATION

Identify your sources of information (individual, agency, etc.)

X. SUMMARY, RECOMMENDATIONS, AND SUPERVISION PLANS

1. Brief summary of current problem
2. Brief summary of prior problems
3. Brief summary of family background
4. Address community resources that may be helpful
5. Address dispositional alternatives
6. Tentative supervision plan for dispositional alternatives
7. Necessary special conditions
8. Address restitution if appropriate to the case