



City of Santa Clarita Teen Court

A Diversion Program

Minor's Data Sheet

Name: _____

Address: _____
Street Address City Zip

Mom Cell () _____ Dad Cell () _____

Minor Cell () _____

DOB: _____ Ethnicity: _____ Age: _____ Grade: _____ School: _____

Both Parent

E-mail Address: _____

Minor

E-mail Address: _____

Alcohol/Drugs: No Yes Type of Drug Use: _____ How often: _____

PARENT INFORMATION

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Name: _____

Where is Father (Step) employed? _____

Where is Mother (Step) employed? _____

Minor's Signature

Date

Parent/Guardian Signature

Date