



PLEASE PRINT

**ANDERSON COUNTY JUVENILE COURT
DEMOGRAPHIC SHEET**

Child's Full Name: _____
(First) (Middle) (Last)

DOB: _____ **SSN:** _____

Address/City/Zip: _____

Home Phone: _____ **Cell:** _____

Child's Living arrangement: ___ Mother ___ Father ___ Both Parents ___ Other: _____

Race: _____ **Male or Female** _____ **Ethnicity:** _____

County, City and State of Birth: _____

School: _____ **Special Ed.:** ___ Yes ___ No **Grade Level:** _____

Who has custody? _____

Legal or physical custody? _____

Mother's Name: _____ **Maiden Name:** _____

DOB: _____ **SSN:** _____ **Race:** _____

Address/City/Zip: _____

Cell: _____ **Work Phone:** _____

Occupation: _____ **Marital Status:** _____

Father's Name: _____ **DOB:** _____

SSN: _____ **Race:** _____

Address/City/Zip: _____

Cell: _____ **Work Phone:** _____

Occupation: _____ **Marital Status:** _____

Legal Guardian's name _____

Legal Guardian's relationship to the child _____

DOB: _____ **SSN:** _____ **Race:** _____

Address/City/Zip: _____

Cell: _____ **Work Phone:** _____

Other Household Members:

Full Name	DOB	Grade Level	Relationship to Child