

**BOONE COUNTY PROBATION**  
**127 W. MAIN ST. SUITE 200**  
**LEBANON, IN 46052**  
**INFORMATION FORM**

Today's Date: \_\_\_\_\_

Cause: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

**Minor's Name** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
(attach copy of birth certificate) (attach copy of card)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child Lives with: Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

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

Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_

Hours worked/week: \_\_\_\_\_ Estimated monthly income: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

(attach copy of card)

Father's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

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

Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_

Hours worked/week: \_\_\_\_\_ Estimated monthly income: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

(attach copy of card)

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Health Insurance \_\_\_\_\_  
Attach copy of card

Other Guardian/Custodian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Ph: \_\_\_\_\_  
Email: \_\_\_\_\_

Employer: \_\_\_\_\_  
Wk Ph: \_\_\_\_\_ Estimated Monthly Income: \_\_\_\_\_

**Confidentiality Notice: The information on this form is private and confidential.  
This information may be shared with the Indiana Department of Child Services if  
services and/or placement of your child are received.**