



# HAMPDEN COUNTY JUVENILE COURT CLINIC DUALLY INVOLVED YOUTH CASE CONFERENCE FORM

Conference Date & Time: \_\_\_\_\_

Case Name: \_\_\_\_\_ Docket #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Sex:  Male  Female Language:  English  Spanish  \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Clinician: \_\_\_\_\_

DCF Involvement: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_

Juvenile's Address: \_\_\_\_\_

Parent wishes to have a Parent Advocate invited to the case conference?  Yes  No

Please list all parties involved in the case and their telephone number:

Role	Name	Telephone	Attended	Not Attended
Parent/Guardian				
Probation Officer				
Defense Attorney				
Prosecutor				
DCF Caseworker				
DYS Caseworker				
School				
Outpatient Provider				
Parent Advocate				
Other				
Other				
Other				

Case Name: \_\_\_\_\_ Conference Date: \_\_\_\_\_ Facilitator: \_\_\_\_\_

Role	Placement	School	Mental Health/ Behavioral	Substance Abuse	Peer/Social	Family	Other
Parent/ Guardian							
Probation Officer							
Defense Attorney							
Prosecutor							
DCT Caseworker							
DVS Caseworker							
School							
Outpatient Provider							
Parent Advocate							
Other							
Other							
Steps	Description of action or service			Responsible Person	Due Date/Timeframe		
1							
2							
3							
4							