



HAMPDEN COUNTY JUVENILE COURT CLINIC DUALY 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							
DCF Caseworker							
DYS Caseworker							
School							
Outpatient Provider							
Parent Advocate							
Other							
Other							

Steps	Description of action or service	Responsible Person	Due Date/Timeframe
1			
2			
3			
4			