

Incorrigibility Application

for

Child's name

An incorrigible child is defined as one who habitually disobeys the reasonable and lawful requests of his/her parent, guardian, or custodian.

Once completed, please send the original to:

Hamilton County Prosecuting Attorney's Office
One Hamilton County Square, Suite 134
Noblesville, IN 46060

Warning: Submission of an application via this paper document may result in unnecessary delays in processing. For faster action, please try the online application available at: www.hamiltoncounty.in.gov/512.

Sections marked with an asterisk (*) are required sections. Failure to provide complete responses to these required questions may result in delayed, incomplete, or discontinued processing.

Append additional pages as needed.

Office Use Only

v.20170724

Received:

The Child	Child's Full Name*	
	Age* (years)	
	Date of Birth*	
	Address1*	
	Address2	
	City*	
	State*	
	Zip*	
	Height (feet and inches)	
	Weight (pounds)	
	Hair Color	
	Eye Color	
	Identifying Marks, Scars, or Tattoos (descriptions and locations)	
Father	Father's Full Name*	
	Father's Date of Birth	
	Address1	
	Address2	
	City	
	State	
	Zip	
	Employer	
	Primary Personal Phone	
	Home / Cell	
	Work Phone	
	E-Mail Address	
	Describe Father's Relationship with the Child*	

Mother	Mother's Full Name*	
	Mother's Date of Birth	
	Address1	
	Address2	
	City	
	State	
	Zip	
	Employer	
	Primary Personal Phone	
	Home / Cell	
	Work Phone	
	E-Mail Address	
	Describe Mother's Relationship with the Child*	
Marital Status	Are the parents currently married to each other?*	
	If unmarried, who is custodial parent and what are the custody arrangements?	
	If applicable, state the jurisdiction and case number of the divorce proceedings.	

Stepfather (if applicable)	Stepfather's Full Name	
	Stepfather's Date of Birth	
	Address1	
	Address2	
	City	
	State	
	Zip	
	Stepfather's Employer	
	Primary Personal Phone	
	Home / Cell	
	Work Phone	
	E-Mail Address	
	Describe Stepfather's relationship with the Child	
Stepmother (if applicable)	Stepmother's Full Name	
	Stepmother's Date of Birth	
	Address1	
	Address2	
	City	
	State	
	Zip	
	Stepmother's Employer	
	Primary Personal Phone	
	Work Phone	
	E-Mail Address	
	Describe stepmother's relationship with the Child	

Siblings	1 st Sibling's Full Name	
	Age (years)	
	Type (Full/Half/Step/Adopted)	
	1st Sibling's Address	
	2 nd Sibling's Full Name	
	Age (years)	
	Type (Full/Half/Step/Adopted)	
	2 nd Sibling's Address	
	3 rd Sibling's Full Name	
	Age (years)	
	Type (Full/Half/Step/Adopted)	
	3 rd Sibling's Address	
	4 th Sibling's Full Name	
	Age (years)	
	Type (Full/Half/Step/Adopted)	
	4 th Sibling's Address	
	5 th Sibling's Full Name	
	Age (years)	
	Type (Full/Half/Step/Adopted)	
	5 th Sibling's Address	
6 th Sibling's Full Name		
Age (years)		
Type (Full/Half/Step/Adopted)		
6 th Sibling's Address		

	<p>Additional Children in the home (Full name, age (in years), type, and address):</p>	
	<p>Describe the relationships among the siblings*</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Others in the home</p>	<p>Who else resides in the home with the child? Provide name, age (years), any familial connection with the child, and a description with the child's relationship with the person.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Other difficulties</p>	<p>Have you had difficulty with other children behaving in this manner?* If so, describe who had behaved in that manner and how it was handled.</p>	

Education	Is the child enrolled in school? If so, state school and grade. If not, explain why the child is not enrolled in school.	
	Does the child receive any special education services? * If so, explain the special education services provided to the child.	
	Has the child had any discipline problems at school? * If so, explain the nature and extent of the discipline problems.	
	Has the child had any school attendance problems? * If so, explain the nature and extent of the attendance problems.	
	Has the child had any out-of-school suspensions? * If so, explain the nature and extent of the out-of-school suspensions	

Health	<p>Has the child been diagnosed with any medical problem that would cause any type of behavior change or misbehavior? If so, explain the nature and history of the medical problem.</p>	
	<p>Has the child or your family been involved in counseling, psychiatric services, or in-patient hospitalizations? If so, explain the nature and pertinent history of such treatment and identify the dates, agency/facility name, individual providing the services, and who participated in the treatment.</p>	
	<p>Is the child on any medication? If so, explain the nature and history of such medication. Further, for each medication, provide the name, its purpose, and the identity of the prescribing medical professional</p>	

Behaviors	<p>Describe in detail the acts of your child that you feel make him/her an incorrigible child. List dates and times whenever possible.*</p> <p>Remember: An incorrigible child is defined as one who habitually disobeys the reasonable and lawful requests of his/her parent, guardian, or custodian.</p>	
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	<p>Describe the efforts made by the family (or others) to remedy the situation (if any)*</p>	
	<p>Are any police officers or other juvenile authorities aware of these problems?*</p> <p>If yes, then describe the circumstances in which these authorities became aware and what they've done.</p>	

	<p>Has the child ever been arrested or placed on probation in any county or state? * If yes, then describe the circumstances in which the child was arrested or placed on probation</p>	
	<p>Is the child violent? * If so, describe the nature and history of such violence.</p>	
	<p>Does the child use illicit drugs? * (E.g., marijuana, heroin, ecstasy, methamphetamine, etc.). If so, describe the nature and history of such illicit drug use. If you are unsure, describe why you are unsure about whether the child uses illicit drugs.</p>	

	<p>Does the child use prescription drugs that have not been prescribed to them by a doctor?* (E.g., alprazolam (Xanax), hydrocodone, amphetamine salts (Adderall), etc.) If so, describe the nature and history of such prescription drug abuse. If unsure, describe why you are unsure about whether the child uses prescription drugs that have not been prescribed to them by a doctor.</p>	
	<p>Does the child consume alcohol?* If so, describe the nature and history of the child's alcohol use. If unsure, describe why you are unsure about whether your child consumes alcohol.</p>	
	<p>How long have you been having these problems with your child?*</p>	

Conclusion	Has the child ever received services from Youth Assistance?*	
	Please understand that your child will be referred to Youth Assistance as an initial intervention, if YA has not already been involved.	
	Your name*	
	Your Date of Birth*	
	Your Address1*	
	Your Address2	
	Your City*	
	State*	
	Zip*	
	Your Primary Personal Phone*	
	Your Secondary Phone	
	Your E-Mail Address*	

Affirmation

I affirm under the pains and penalties of perjury (which is defined by Indiana Code 35-44.1-2-1 as a Level 6 Felony punishable by up to 2.5 years in prison) that the information contained in this Incurrigibility Application is true to the best of my knowledge and belief.*

Date

Signature

Agreement to Cooperate

By submitting this complaint, I understand that the juvenile authorities may proceed with delinquency charges against my child and this process may necessitate my testimony in court, my involvement in interviews with authorities, participation in services, and financial liability for services provided.*

Date

Signature