

Bradley County Juvenile Court  
1620 Johnson Blvd  
Cleveland, TN 37311



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### MATRIX INTAKE

**FOR STAFF USE ONLY**

Intake Date: \_\_\_\_\_ Staff Member Name: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Referrals made: \_\_\_\_\_

Juvenile's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Juvenile's Medical Insurance/ID Number: \_\_\_\_\_

Parent/Guardian's email address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

List Current & Previous Mental Health and/or Alcohol and Drug Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any mental health diagnosis, medications or important information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charge(s) Listed on Petition: \_\_\_\_\_  
\_\_\_\_\_

Does your child have past or present history of Alcohol or Drug use?    Yes    No    Not Sure  
If so, please list substances used and how often: \_\_\_\_\_  
\_\_\_\_\_