

**Youth Services  
Office of Juvenile Justice**

**STATEMENT OF SEARCH AND/OR DRUG/ALCOHOL SCREEN PREFERENCE FORM**

(This form shall be used during the Direct Admission Process.)

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**To be completed by Direct Intake Staff:**

YOUTH'S NAME: \_\_\_\_\_

CLIENT ID #: \_\_\_\_\_

PREFERRED NAME (IF DIFFERENT FROM NAME ABOVE): \_\_\_\_\_

PREFERRED PRONOUN (i.e. He/She): \_\_\_\_\_

PREFERENCE FOR SEARCH OR DRUG/ALCOHOL SCREEN (i.e. Male/Female): \_\_\_\_\_

DATE: \_\_\_\_\_

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**To be completed by youth:**

FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

YOUTH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_