

CASELOAD REPORT FORM

COUNTY: _____

MONTH/YEAR: _____

COUNSELOR: _____

SUPERVISION CASES	BROUGHT FORWARD	+ NEW CASES	+ CATEGORY CHANGE	- CLOSED	= TOTAL														
INFORMAL PROBATION / ADJUSTMENT																			
FORMAL PROBATION																			
PAROLE																			
REFERRED AND INSTITUTIONAL CASES																			
NON-RESIDENTIAL																			
RESIDENTIAL																			
INSTITUTIONAL COMMITMENTS																			
TOTALS																			
PRIOR DELINQUENT REFERRALS																			
RACE/GENDER	AFRICAN AMERICAN	CAUCASIAN	HISPANIC	ASIAN	NATIVE AMERICAN	OTHERS													
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
RACE/GENDER TOTAL <small>(CASELOAD AND RACE/GENDER TOTALS ARE TO MATCH)</small>																			
AGE TOTALS	07	08	09	10	11	12	13	14	15	16	17	18	19	20					

CASELOAD TOTAL

RACE/GENDER TOTAL

AGE TOTALS

TOTALS ABOVE MUST MATCH
FELONY DISPOSITIONS