PRE-DISPOSITIONAL DATA, ROLE OF COUNSEL AND DECISIONS IN A JUVENILE COURT

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Two separate questions must be answered when a child is charged with delinquency. The first is whether he has committed the alleged act. If the child is found to be delinquent, the second question is what action the court should take to correct the child's delinquency. Both questions may be considered in a single hearing or they may be separated and determined in two hearings.

This paper is a report of a portion of a three-year research study of the juvenile justice system. It is concerned with the dispositional process in one county, referred to as Affluent County because at the time of the study it had the highest median family income in the United States. In Affluent County, the statute does not require separate adjudication. When there was a lapse of four or more weeks between adjudication and disposition, the delay was usually due to the fact that the judge had requested a clinical report and recommendations from a state diagnostic clinic. Commitments to this facility are always for a thirty-day period because this is the amount of time the facility requires to complete its evaluation.

The present study discusses these clinical reports in the broader context of pre-disposition data which bear upon the disposition and as both an independent and dependent variable in Affluent County's juvenile justice process. As a dependent variable, clinical reports are influenced by several factors in the ongoing system; as an independent variable, the ability of clinical reports to influence disposition emerges on at least an equal footing with correlational explanations based on situational or background characteristics. The study begins with a presentation and comparative perspective on the incidence and usage both of "social study" and clinical pre-dispositional data in Affluent County.

An additional concern of this study is the role of counsel in the juvenile court process. Various approaches to juvenile justice suggest that the lawyer, if present, may be an input into

the diagnostic and non-adversary process and/or an effective input into the decision process, securing a favorable verdict for his client. Evidence from Affluent County is brought to bear on both possibilities. Finally comments and recommendations are offered concerning both the pre-dispositional process and its institutional setting.

PRE-DISPOSITIONAL DATA: THE SOCIAL STUDY

Ideally, a juvenile court disposition is based on an individualized study of the child, his family and environment (Fradkin, 1962; President's Commission on Law Enforcement and Administration of Justice, 1967). This individualized study is generally referred to as a social study. The Children's Bureau considers these studies necessary in every case, so that the disposition will take into consideration the interests of the child and the community.[1] Reports from juvenile courts around the country show that some do not obtain social study data (Olson, 1967), while others use them in all cases (Villanova Law Revew, 1967).[2]

There is little variance in the suggested content and scope of the social study. The following description of the social study in *Model Rules for Juvenile Courts* is typical of the views of the experts:

> It must . . . be comprehensive and must be analyzed and presented objectively and meaningfully to show the extent and nature of the emotional and behavioral patterns present, the psychological strengths and weaknesses of the individual and the attitudes and standards of the child and family.[3]

The practice in many communities is considerably inferior to the comprehensiveness expressed in the *Model Rules.*

(1) "Social studies in Trumbull County Juvenile Court are non-existent with the exception of those children committed to the Ohio Youth Commission" (U.S. Children's Bureau, 1967b: I-21).

(2) The juvenile court [in Volusia County, Florida] is authorized to "make social records, consisting of records of investigation and treatment and other confidential information not forming part of the official records," yet no pre-dispositional studies are made (Hyman, 1967: I-17).

(3) The Illinois Juvenile Court Act specifies that one of the duties of the probation department is to make pre-hearing investigations and formulate recommendations for the juvenile court judge. The Sangamon County, Illinois, probation officers do not prepare any social studies. It was found that notes in

case records indicated some contacts with families, but no interpretation or evaluation of these existed, and no recommendations were made to the court (Olson, 1967: I-28, I-29).

(4) In Hamilton County, Tennessee, probation officers followed an outline prepared especially for social study writing. However, the outline was not used in any standard manner, and many studies consisted of a mere collection of facts with no interpretation or recommendation (Hyman, 1967b: 17).

(5) In North Dakota, a study of the content of pre-disposition reports showed ". . . some confusion in the purpose [of the social study]. Although there had been considerable fact-finding and evaluations, suggested dispositional alternatives were often absent. Some judges complained that the absence of a recommendation based upon available alternatives negated the usefulness of the study" (U.S. Children's Bureau, 1968: III-12).

(6) The District of Columbia Juvenile Court prepared guidelines for the probation staff about the information to be contained in social studies, but the studies reflect little adherence to these guidelines.

> In fact, many of the social workers in the court are unaware of the existence of the guidelines.
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> The review by the Stanford Research Institute of recent social records showed that critical data relating to educational, intellectual, familial, and other characteristics were lacking in so many cases as to preclude a complete and reliable description of offenders in these respects. For example, I.Q. scores and achievement test scores were lacking in over fifty percent of the cases. For school dropouts it was not possible to ascertain the last grade completed in over forty percent of the cases. The social histories are not recorded in standardized terminology by the workers so as to allow comparison; nor are they systematically updated so that the current status of a repeat offender can be determined (Presidential Commission on Crime in the District of Columbia, 1966: 692-693).

Social Studies in Affluent County

Information about social studies in Affluent County was obtained by examining the social record files on a random sample of 110 juveniles who were found involved during 1968 and by court observation of the dispositions of 64 children in 1969. Social studies are requested by the judges for all children after their first delinquency adjudication. Presumably, it is not necessary to provide a new study of a previously adjudicated child because the prior study is retained by the court and new data such as probation reports are available.

There were extensive social data available on the child for 48 of the children whose records were examined. In many of these cases, however, there were minimal data on the family, school, and environment. In the majority of these (29), such data were the result of commitment to the state diagnostic facility. In 14 additional cases, children were being treated or evaluated by psychiatrists or psychologists. The fact that extensive data were obtained in the five remaining cases is largely explained on the basis that these children had considerable prior contacts with social agencies such as welfare and schools.

Very limited pre-dispositional data were found in the records of 22 children. These usually consisted of general statements regarding the parental-home situation, but frequently did not contain meaningful data about the child and his problems. For 20 children in the sample there was no pre-dispositional information in the files. The overwhelming majority of these latter children had not had prior delinquency adjudications, and more than half of them were at least 16 years old. However, it is disturbing to note that three other cases received serious dispositions (one commitment to a training school, and two waivers to the criminal court) despite the lack of pre-dispositional data.

CLINICAL REPORTS

At least 700,000 children come before the juvenile courts each year, with the number increasing at alarming rates. The Joint Commission on the Mental Health of Children and Youth (1969-1970: 150,474) estimates that 10 to 12 percent of all school age children are emotionally disturbed and need psychiatric care and guidance. If the population who come to the court are no more disturbed than the general school age population, approximately 77,000 disturbed children come to the courts each year.

In adult criminal courts, behavioral sciences are used primarily to determine whether a defendant is competent to stand trial, or to determine whether or not he is insane and, consequently, not responsible for his crime. To date, the emphasis in juvenile courts has presumably been on treatment rather than punishment as is the case in criminal courts. Thus, competency to stand trial (Donovan, 1969) and the insanity defense have been raised infrequently in juvenile courts (Popkin and Lippert, 1971).[4] Therefore, it was at the dispositional stage that interaction between law and behavioral science has been thought to be appropriate.

The level of interaction between law and behavioral science, however, has been quite low. Less than 20 percent of the 1,000 child psychiatrists in the United States had any connection, either as staff or consultants, with juvenile courts in 1964.[5] In 1966, the majority of juvenile courts in the United States reported referring no more than 10 percent of their cases for psychiatric or psychological evaluations (Task Force on Juvenile Delinquency and Youth Crime, 1967:81).[6] Of those courts which have services available, most find them rarely adequate and with long waiting lists (President's Commission on Law Enforcement and Administration of Justice, 1967b).

The experience of one Ohio court in deciding to make psychological evaluations an integral part of the court's diagnostic services bears out these findings (Benson and Estbaugh, 1964). Initially, the court used the Child Guidance Center and State Juvenile Diagnostic Facility for diagnosis, and the services of a part-time psychologist. However, a waiting list of cases requiring examinations developed which led to the establishment of a full-time psychological staff.

The reasons some courts lack diagnostic facilities are lack of funds, room, or personnel who are oriented toward psychiatry (Malmquist, 1967: 733). These are by no means the only reasons for the paucity of diagnostic resources. There are conflicts between behavioral scientists and the courts about the use of diagnostic personnel, which may contribute not only to the shortage of personnel, but also to mutual feelings of dissatisfaction about the usefulness of clinical diagnosis in juvenile court dispositions (Polier, 1968: 106).

Some judges feel that diagnostic personnel are ignorant of the realities with which judges must deal. For example, in one group meeting between judges and behavioral scientists in a large metropolitan area, where judges must still face calendars with over 40 cases in a day, and psychiatric diagnoses are done in half a dozen widely scattered clinics and hospitals, it was proposed that the judge should sit down and define the question he had in mind at the point of referral (Polier, 1968: 91). Psychiatrists feel that they must get some guidance from the court to perform effectively a meaningful diagnostic role.

This problem is best illustrated by examining an actual case. A 15-year-old was adjudicated neglected because of her parents' failure to obtain needed medical care for her and because the girl would not attend school. She was paroled to her

parents and the three of them were referred to the mental health clinic for an examination.

> Before she could be seen in the Clinic, the girl ran away from home, and her whereabouts remained unknown for the next six months. The parents, however, were seen by the Clinic and a diagnosis of "schizoid personality with paranoid tendencies" was made on the father, and "inadequate personality with schizoid tendencies" on the mother. The psychiatrist recommended that the girl, when found, be placed in a structured residential treatment center and that the parents get *social casework assistance* [author's emphasis]. The parents refused to cooperate, claimed they had no problems, and declared that the girl would be all right when she left school and went to work. The girl was still missing at the end of seven months, and the Court vacated the warrant.
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> This reflects the difficulties and complexities frequently found in neglect cases, and they seem to be among the most difficult problems facing Court and Clinic. Nevertheless, the problem placed before the Clinic must be examined. Was the central focus the girl, the parents, or the family as a whole? What did the Court want to know when the case was referred? Was psychiatric examination necessary to recommend social casework for the parents and institutionalization for the child? Should treatment have been recommended for the parents? If psychiatric services had been immediately available would the girl have had the same opportunity to run away, or could her flight have been suspected and measures taken to prevent it?
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> What does emerge in this case is that the reasons for the referral were not clear, and there was little sense of urgency about the problem (Makeover, 1966: 32-33).

Even when psychiatrists know what information the courts expect from them, there are many problems. The following is an excerpt from a court clinic program leaflet intended to introduce new psychiatrists to the system:

> The purpose of the Court Clinic diagnostic evaluation is to furnish understanding of the meaning of a particular offense in terms of the character structure of the particular individual, inasmuch as offenses in themselves do not necessarily have specific meanings (Emerson, 1969: 250).

In order to accomplish this the psychiatrist must obtain information from the delinquent, gaining his confidence in the process. Because juveniles are usually forced to go to the court clinic, they are generally not disposed to be trusting and open with clinic staff. This distrust may persist if the delinquent realizes that what the psychiatrist reports to the court may determine the court's disposition in his case (Emerson, 1969: 251-252).

This leads to several problems:

> In the first place, psychiatrists report recurring difficulty in getting children to relate openly and frankly during interviews.

> As a clinic social worker succinctly noted: "Most of these kids don't talk." Second, as a consequence, psychiatrists often have to conduct two or three interviews with a delinquent before obtaining sufficient material and insight to commit themselves to a diagnosis. In [one] case, for example, even after several interviews, the psychiatrist is unable to make a thorough diagnosis in the face of the persistent suspicion of her patient . . . (Emerson, 1969: 252-253).

Finally,

> Evasiveness, lack of cooperation, and hostility discourage psychiatrists from supporting and "saving" many of the "last chance" cases referred to them. If the delinquent patient reacts to the psychiatrist primarily as an authoritarian figure, exhibiting distrust and reticence, he significantly decreases the possibility that the clinic will try to obtain a favorable disposition of his case. . . . The extra commitment — leading the psychiatrist to extend his professional prestige and contacts in working out a placement — simply will not be forthcoming in these cases of overt distrust and suspiciousness. (Emerson, 1969: 257-258; Robitscher, 1966).

Problems also arise concerning the clinical recommendations for the disposition of children. These problems largely stem from two sources. First, recommendations may not be practicable because treatment or service resources simply are not available to the court. Secondly, treatment agencies may not be amenable to working with delinquent children, and many mental health outpatient clinics refuse to accept adjudicated delinquents (Donovan, 1969: 221-225; Malmquist, 1967: 737).

Frequently, administrators of residential treatment facilities avoid admitting acting-out children, before or following adjudication of delinquency, holding that these children should be the sole responsibility of correctional institutions. This permits residential centers to have more selective populations and less staff, and possibly, higher success rates (Malmquist, 1967: 737).

Foster or group home care may be the treatment of choice, but often the available personnel and homes are far below acceptable standards (Malmquist, 1967: 733).

Lack of treatment resources is not the only reason psychiatrists do not always recommend the disposition they believe would be best for the child. For a variety of reasons they make recommendations which conform to the expectations of the court and its probation staff. One reason rests on practical considerations. For the psychiatrist with a heavy backlog of evaluations to make, "going along" with court's views regarding appropriate dispositions conserves time and energy. To make

an unexpected recommendation acceptable to the court generally requires an inordinate effort to persuade the court and its staff of its efficacy (Emerson, 1969: 263).

Frequently, psychiatrists are inclined to adjust their dispositional recommendations to the wishes of the probation officer when treatment resources are limited. They feel it necessary to do this in this situation because the probation officer will then have "total responsibility" for management of cases (Emerson, 1969: 263).

Even when treatment is available, the psychiatrist may still find it necessary to make his recommendations fit the court's view as to whether or not a child should remain in the community. It should be noted that the court is not only interested in what treatment a particular child needs, but also whether there is a substantial risk to the society if the child remains in the community.

> The psychiatrist makes an implicit bargain with the court that youths he saves (from incarceration) will stay out of trouble. Since he is in no position to guarantee this bargain, he faces great uncertainty in making any such recommendation. This uncertainty makes him extremely cautious in using his power to save. The psychiatrist, in other words, in order to avoid a reputation for unreliability and over-leniency, a reputation that would lead the court to disregard many of his recommendations, must conserve his credibility with court personnel. . . . In general, the psychiatrist is under pressure to conserve his *credibility* with the court in a way that limits his inclination to save delinquents from incarceration (Emerson, 1969: 265-266).

On the other hand, the court often questions the accuracy of clinical reports:

> The procession of trouble children and the time pressures that allow only a few moments for collateral interviews with parents and a family history from a probation office (generally not professionally trained) limit the diagnostician to the surface symptoms. The value of a single interview with the child, who is often fearful of the unknown consequences of revelations about himself or his family, is at best limited.
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> With only diagnostic help of this sort, some judges after observing the interaction between child and parents and hearing the testimony, may feel forced to pit their lay judgment against that of the psychiatrist (Polier, 1968: 92; Robitscher, 1966: 151-152).

Some judges also doubt the validity of the psychological tests used in the juvenile court because they are largely constructed on the basis of experience with middle class subjects. Some believe that the delinquent child from the lower socio-economic groups seeks to ward off contact with the examiner,

and may respond to projective techniques as childish or demeaning. They are fearful that the tests equate lack of verbal response with lack of intellectual capacity, when in fact, the delinquents' productivity during tests may not reflect his performance in a more familiar setting (Robitscher, 1966: 142-143).

Clinical Reports in Affluent County

In contrast to the average juvenile court in which less than 10 percent of the adjudicated delinquents receive clinical evaluations, approximately 39 percent of the Affluent County delinquents are examined by behavioral scientists.[7] About 26 percent were committed to the state diagnostic facility for a 30-day period of observation, which includes psychiatric, psychological and physical examinations. In addition, evaluations are made of the child's school and group living performance, and his relationships with his parents.

The evaluations for the other 13 percent were limited to reports from the court psychologist or reports from private psychiatrists.

It is difficult to determine whether the numerous problems of court behavioral scientist relationships discussed earlier are present in Affluent County. The state diagnostic facility did not report any problems in its relationships with the court. In fact, it was said that the court generally followed the facility's recommendations.[8] The judges expressed general satisfaction with the facility and its reports.[9] One judge stated that the state facility does not limit its recommendations to those which can be implemented by the court. It was his opinion that it is useful to know what the preferred treatment is even if he cannot carry it out.[10]

The court's probation officers also did not voice any significant complaints about the diagnostic facility. They were, however, of the opinion that too many children were referred unnecessarily for evaluations. In some of these cases they thought the necessary information could have been supplied by the probation staff. In others, they felt there was no lack of pre-dispositional information and that the reason for referral was one of the judge's unwillingness to take sole responsibility for dispositional decisions.[11]

It is doubtful that the relationship between the court and the diagnostic facility is as problem-free as might be expected from the discussion above. On many occasions the facility's recommendations are not accepted by the court and they fre-

quently are not implemented even when adopted by the court. For example, two of the children in the observed sample were sent to the state diagnostic facility when they were under 10 years of age. In both cases the facility recommended psychiatric treatment and removal from the home, stressing that the children would have severe difficulties should these actions not be taken. Both children, after further delinquencies spanning a period of over three years, were returned to the facility for evaluation. In neither case had the recommendations made after the first evaluation been adopted by the court. After the second evaluation, the recommendations for one child were adopted but not implemented.

The second child, who had been to state training schools twice since his first diagnostic referral, was found more disturbed during the second referral. Even after this second evaluation the recommendations were not followed. Eventually, after two more adjudications of delinquency, he was sent to a residential school as the diagnostic facility had recommended almost five years earlier. It is difficult to believe that the facility, if it knows the results of its recommendations, does not experience feelings of frustration. The lack of effective use of diagnostic facility recommendations is not unusual in Affluent County. At first glance there appears to be a high level of agreement between the court and the state diagnostic facility on placement of children. The court ordered the facility's recommendations for placement in 38 out of 46 cases. It agreed with all the facility's 23 recommendations for home placement, and with the four recommendations for training school commitment. However, it followed only 15 of the 23 recommendations for removal from the home and placement in private residential facilities. Six of the children were left at home, and two were sent to state training schools.

It is in the areas of removal from the home, treatment for the child and treatment for his family that there is substantial disagreement between the facility and the court. The facility recommended the removal of 21 children from their homes and their placement with relatives, suitable persons, a group home or a treatment facility. The court order included this recommendation for only eight (36%) of the children. The rate of placement in accordance with the facility's recommendation is even smaller because only six of the children were actually placed as recommended (28%). Two other children were also removed from their homes and sent to a correctional institu-

tion, but this was not the placement suggested by the facility.

Placement at home and patient treatment was recommended for another 12 children, but was ordered for three (25%). Only two of the children (17%) received actual treatment.

Treatment for the family was recommended in the majority of the cases where the child was to be removed from the home and for the majority of the families whose children were to receive treatment. In addition, recommendations were made for many families to be treated although no similar recommendation was made for the child. In total, treatment of at least one parent was recommended for 30 of the 43 families (72%). However, this recommendation was adopted by the court in only 19 (63%) of the cases and was carried out in only five (17%) of the cases.

It is of interest that at least so far the establishment of a Review Committee has had little impact on this situation. When we examined records of the 20 juveniles committed to the diagnostic facility, the recommendations of which were reviewed by the court's Review Committee, the following areas of agreement and disagreement were found:

Of the 14 areas in which removal from the home was recommended by the diagnostic facility, the Review Committee agreed in each case. Presumably this means that the facility's recommendations are based in realistic assessment of the child and his family. The court adopted the recommendation in ten cases, but carried it out in only nine (64%). Economic data were available for three of the five cases in which the recommendations were not followed and in each of them lack of funds was clearly not the reason for the court's failure to act.

There were six cases in which the facility recommended that the child remain at home with treatment for him and/or his family. In four cases the Review Committee agreed. The other two children were placed in correctional institutions on the Review Committee's recommendation. Another child was placed in a correctional institution against the recommendation of both the facility and the Review Committee. The remaining children stayed at home but it appears that neither they nor their families received treatment. Therefore, only nine (45%) out of the 20 children received the services recommended by the facility.

The court's rate of adoption of dispositional recommendations that the child be seen by a psychiatrist or psychologist in

the community seems to be less than it was when recommendations came from the state diagnostic facility. Fifteen children were so examined. Six of these examinations were by the court psychologist who is used by the court mainly to provide an assessment of a child's intellectual functioning. He rarely makes a placement or treatment recommendation. Of the nine other children, removal from home recommendations were made in five cases, and were followed by the court in three cases. Four additional children were recommended for community treatment, which the court ordered in three cases, but in only two cases was this carried out.

In addition to placement and treatment recommendations made by the state diagnostic facility and community behavioral scientists, numerous recommendations were offered by probation officers. Sometimes the court accepted these recommendations, but as often as not they were not adopted.

ROLE OF COUNSEL: CRUCIAL BUT NOT INFORMATIVE

Presumably, counsel, when present, may also play a role in presenting the court with information relevant to the court's disposition. Therefore, the court records of the children in the formal sample were surveyed to determine how many of them were represented by counsel at disposition. They showed that counsel was present in 31 (27%) of the 113 cases examined.[13] As the following percentages illustrate, there were fewer commitments to institutions and more findings of "not involved" when the child was represented by counsel.

TABLE 1: EXAMINATION OF COURT RECORDS

Disposition	Counsel Present No. of cases	%	Counsel Absent No. of cases	%
Dismissed — Not Involved	4	12.25%	6	7.31%
Dismissed	0		3	3.65%
Held Open — Later Dismissed	3	9.67%	8	9.75%
Probation	20	64.51%	48	58.53%
Committed — Institution	3	9.67%	15	18.29%
Committed — Agency	1	3.22%	2	2.43%
TOTAL	31	99.32%	82	99.96%

Since no other data about the role of counsel could be found in the court records, 64 court hearings were observed in order to obtain such data.[14] Twenty-four (37.5%) of the 64 children

in the observed sample had counsel at the adjudicatory phase, and two additional children had counsel at disposition.

TABLE 2: OBSERVATION OF COURT HEARINGS: COUNSEL PRESENT

Disposition	No. of cases	Percentages
Dismissed — Not Involved	2	8.33%
Dismissed — With Restitution	2	8.33%
Held Open — Later Dismissed	1	4.16%
Probation	17	70.83%
Committed — Institution	1	4.16%
Committed — Agency	1	4.16%
TOTAL	24	99.67%

The dispositions of the observed cases, as illustrated in Table 2 were not severe.

What did counsel do to achieve this result? The answer in 16 (66⅔%) of the cases is that he did absolutely nothing. In other words, counsel was present but did not participate by asking questions or making any statement in these cases.

This lack of participation is not due to the use of appointed counsel. Many of the juveniles were represented by retained counsel, and there was no difference in the amount of participation. Only two attorneys represented more than one child, and in each case they represented two siblings. Thus the findings are not attributable to the conduct of only one or two attorneys.

The actions of counsel in the remaining eight cases can be divided into three groups. The first consists of five cases in which the information offered by counsel was almost wholly limited to either the juvenile's behavior or attitudes with regard to the offense (*e.g.*, willingness to make restitution,[16] cooperation with the police), or to the socio-economic status of his family.[17] In none of these cases was information contributed by counsel, the parents, or the youth concerning the child's school record, his relationship with family or friends, or his mental condition.[18]

Presumably, counsel was either of the opinion that no treatment was needed or that it was not his place to suggest it. The judge, however, thought that treatment was needed in at least three[19] of the cases, since he placed the boys on probation.[20] In the other two cases, the boys were dismissed but restitution was ordered[21] — $90 for the theft of a gun, and a $40 hospital bill in an assault case. The boy involved in the assault case was returned to court a few months later on another charge of assaulting the same girl.[22]

In two cases, counsel and the family gave information about the boy which could be helpful to the judge in forming a treatment plan. The plan recommended by counsel for a 17-year-old boy who sold LSD was that he be allowed to rejoin his family, which was moving out of the state, and that he continue therapy in the new community. Although the family had reportedly started therapy in Affluent County, no diagnostic or progress report was offered, nor was it clear how long treatment had been in progress. No other information about the boy or his family relationship was mentioned, except that the father felt that the many moves required by his work had caused the boy difficulty.[23] Counsel said that the boy had voluntarily cooperated with the police by pointing out locations where drugs were being sold. Our follow-up investigation, however, revealed that the boy had given the police false information.

In the other case, counsel arranged for a psychological evaluation of a 15-year-old first offender, who was charged with burglary and destroying a mailbox with explosives. Other information about the boy included the following facts: The parents had not had prior difficulties with him; he cooperated with the police and he almost lost his arm from the mailbox explosion. The attorney suggested probation on condition of psychotherapy as a result of the evaluation.[24]

Three other attorneys participated in the formation of a disposition plan. In each case, however, their only contribution was to disagree with the plan proposed by the diagnostic facility. None of the attorneys had examined the diagnostic report, nor did they request an opportunity to do so. In fact, one of them said the child should have a psychiatric evaluation, although the disposition hearing took place the very day he returned from a thirty-day stay at a diagnostic facility, where he had had not only a psychiatric evaluation, but psychological, medical, and school evaluations as well.

Removal from the home to a residential treatment facility was recommended for two of these three boys and was ordered by the court despite the attorney's objections.[25] The recommendation for the third boy was that he be placed in a group home for adolescent boys to receive psychotherapy. The court was unable to carry out the placement recommendation because the home accepts boys only if parents will participate in group meetings, and the parents in this case were unwilling to do so.[26] The court did, however, make psychotherapy a condition of probation.[27]

The majority of attorneys who represented delinquents in the observed cases seemed to operate on the assumption that they had no role at disposition. Even when the attorney did participate, information about the child's problem and its possible solution was given to the court in only a few instances. From this study, it appears that counsel in Affluent County — with rare exceptions — regard themselves as advocates, whose primary allegiance is to the parent rather than to the child.

Although the attorney's right to see pre-dispositional studies does not seem to be contested in Affluent County, there is considerable controversy throughout the country about the child or his representative's right to examine and controvert social and clinical data. Model laws and many of the newer statutes recognize this right.[26] The reasoning of the United States Supreme Court in *Kent v. United States* (1966) is equally applicable to dispositions.

> . . . we deem it obvious that since these (social records) of the child are to be considered by the Juvenile Court in making its decision to waive, they must be available to the child's counsel . . . there is no irrebuttable presumption of accuracy attached to staff reports. While the Juvenile Court judge may of course receive *ex parte* analyses and recommendations from his staff, he may not, for purposes of a decision in waiver, receive and rely upon secret information whether emanating from his staff or otherwise (Kent v. United States, 1966: 562-563).

DISPOSITIONAL PATTERNS IN AFFLUENT COUNTY

Theoretically the needs of the child determine the disposition. Ideally, the judge is immune to public pressure largely suggesting a "get tough" policy, and is supposed to differentiate between those children whose delinquency might be curbed and those whose delinquency might be encouraged by such a policy (Larson, 1969). Some see the abuses of dispositional discretion as outweighing its positive value. A case in point is the treatment which civil rights protestors have received at the hands of a few Southern juvenile judges. There, civil rights protestors were intimidated by the juvenile court's threats to invoke its continuing jurisdiction to redetermine cases upon the breach of elaborate and obscure "probation conditions" (Starrs, 1967: 291, 303), even the commitment to training school of a few demonstrators.

Discriminatory treatment may result from efforts to provide individualized justice, as one juvenile court judge has pointed out:

> Two children involved in identical delinquent acts, both of whose diagnostic reports indicate the need for residential treatment, may be subject to utterly different dispositions by the same juvenile court. On the basis of age, sex, race, religion or simply bed space, one child may be sent to a residential treatment center, the other to a custodial institution with no treatment services (Polier, 1968: 81-82).

Despite the goal of individualized justice and the breadth of discretion that may be exercised by the judge, the number of different dispositions, in fact, is quite small. They are:

(1) no significant action — child remains at home, *e.g.*, can be held open with further action;

(2) supervision by probation officer — child remains at home;

(3) supervision by probation officer — child removed to relative, foster, or group home;

(4) removal from the community — commitment to residential treatment facility;

(5) removal from the community — commitment to juvenile correctional institution;

(6) transfer of the charge against the child to the adult criminal court for trial and disposition.

Other dispositions such as restitution, commitment to a mental hospital or institution for the mentally retarded are used infrequently by juvenile courts.

Statistical data from twelve courts around the country and Affluent County were obtained to determine how frequently the major dispositional alternatives are used (Fox, 1971: 203-204). The results appear in Table 3. The usual results in the

TABLE 3: DISPOSITIONS IN THIRTEEN SELECTED JURISDICTIONS[a]

Jurisdiction	No Significant Action	Community Supervision	Removal From Community	Waived
A	66.9%	19.7%	13.3%	0.1%
B	62.0%	29.8%	5.8%	
C	58.8%	14.0%	1.9%	0.3%
D	57.1%	5.3%	10.1%	NA
Affluent County	52.3%	27.9%	11.2%	0.8%
E	47.4%	20.2%	11.7%	3.4%
F	44.9%	35.8%	18.3%	1.0%
G	43.4%	36.6%	9.6%	0.5%
H	38.8%	34.7%	3.6%	0.5%
I	35.0%	5.2%	56.4%	
J	30.2%	21.8%	11.3%	0.1%
K	25.5%	40.0%	19.9%	6.2%
L	11.1%	57.4%	19.6%	

[a] Unfortunately, the available statistics do not distinguish between supervision in the child's own home and supervision when he was placed elsewhere in the community. Nor did they distinguish between the child's removal to a residental treatment facility and a correctional facility.

courts shown in Table 3, including Affluent County, is that children remain in the community without supervision. A more detailed analysis of Affluent County's disposition is presented in Table 4.

TABLE 4: DISPOSITIONS IN AFFLUENT COUNTY

Disposition	f	Percentage
Dismissed — Not Involved[a]	14	11.1%
Dismissed	4	3.2%
Held open — No Finding	15	11.9%
Probation	61[b]	48.4%
Committed to Institution	18	14.3%
Committed to Agency	3	2.4%
No Disposition	11	8.7%
TOTAL	126	100.0%

[a] Dismissed cases are two general types in Affluent County cases where a specific statement of not involved appear in the legal records, and other dismissals with no such statement.

[b] Included here are three juveniles who received suspended commitments to institutions.

After dispositional data were collected, an effort was made to determine the process whereby specific dispositions were selected. This was done by relating dispositions to the following sets of variables: (1) age and race of delinquent; (2) offense related variables (the offense, severity of offense and number of prior offenses committed by child); and (3) delinquency hearing variables (judge presiding at hearing, whether or not child is represented by counsel). Although most of these variables are not based upon the individual needs of juveniles, many commentators believe that they are the factors that most influence disposition (Matza, 1964).

If age were a factor in the dispositional process, one would expect to find that younger juveniles receive less severe dispositions. However, an examination of Table 5 reveals that this is not the case in Affluent County. With the exception of the five children in the youngest age group, the frequency of use of various dispositions is quite similar across age groups. For the juveniles in the 12-year-old and younger age group, other variables seemed to determine their dispositions (extensive prior records, several counts of an offense and one was a minor offender from an adjoining jurisdiction).

The hypothesis that whites are given more lenient disposi-

tions than blacks was not supported by our data. In our sample, more lenient dispositions were given non-whites than whites. Only one of the 16 non-whites was committed to an institution or an agency. For the whites, slightly over 17 percent were committed to institutions and about three percent were committed to agencies. There also is three times as much use of the "held open — no finding" disposition for non-whites than for whites. This disposition results in there being no formal finding of delinquency entered in the record and no formal supervision of the juvenile in the community. This difference cannot be explained by variations in offenses committed, prior delinquency records, age or any other empirically verifiable factors.

Generally, one might assume that severity of dispositions would be highly correlated with type of offense. That is, offenders against persons would receive the most serious dispositions, property offenders the next most serious, and status offenders (truancy, running away and ungovernableness) the least severe dispositions. In Affluent County, however, this correlation did not exist, as may be seen in Table 5.

TABLE 5: OFFENSE TYPE AND DISPOSITION

Disposition	Against Persons f	%	Against Property f	%	Probation Violation f	%	Status f	%
Dismissed — Not Involved	4	12.5%	6	12.5%	0		2	6.7%
Dismissed	1	3.1%	1	2.1%	0		2	6.7%
Held Open — No Finding	5	15.6%	6	12.5%	0		3	10.0%
Probation	10	31.3%	31	64.6%	2	66.7%	9	30.0%
Committed — Institution	12	37.5%	3	6.2%	1	33.3%	12	40.0%
Committed — Agency	0		1	2.1%	0		2	6.6%
TOTAL CASES[a]	32		48		3		30	

[a] For two cases, offense data was insufficient to assign to the four categories.

In Affluent County, the most serious dispositions were given to the status offenders, which is not surprising. All of the 30 status offenders were runaways or ungovernable, and seven of the 30 were girls. For the group of status offenders the court was dealing with parent-instituted complaints, and all of the children had at least one prior court referral and many had innumerable prior referrals. In several cases, parents requested the court to remove the child from home and, in most of the others, the parents refused to cooperate with the court when the child had been on probation.

None of the girls was sent to a public correctional facility.

Two were placed with relatives, and the others were committed to a church-affiliated residential school. Four of the boys were committed to correctional institutions. Of the four, three had been seen by the state diagnostic facility which recommended non-correctional placement. The fifth boy was committed to a residential treatment center as recommended by the diagnostic facility.

The low percentage of commitments of property offenders is also not surprising when one examines the severity of the actual offenses committed. Using the Sellin-Wolfgang Severity Index (Sellin and Wolfgang, 1964),[30] we found that almost 80 percent of the property offenders scored very low severity scores. Thus, their offenses were found to involve little property damage from vandalism or only small amounts of money or property taken through burglary or theft.

One would expect to find that recidivists would receive, in general, more serious dispositions than juveniles in court for the first time. As can be seen in Table 6, recidivists and first offenders were given probation in about the same percentage, but considerably more often recidivists were committed to institutions. However, even in the case of recidivists, there are relatively few juveniles removed from home. This is particularly noteworthy since approximately 50 percent of the recidivists had three or more prior hearings in which they were found to have committed the acts alleged.

TABLE 6: DISPOSITION — FIRST OFFENDERS ONLY

Disposition	f	Percentage
Dismissed — Not Involved	5	10.9%
Dismissed	1	2.2%
Held Open — No Finding	7	15.2%
Probation	26	56.5%
Committed — Institution	6	13.0%
Committed — Agency	1	2.2%
TOTAL	46	100.0%

DISPOSITIONS — RECIDIVISTS ONLY

Disposition	f	Percentage
Dismissed — Not Involved	5	7.5%
Dismissed	1	1.5%
Held Open — No Finding	4	5.9%
Probation	40	59.8%
Committed — Institution	15	22.4%
Committed — Agency	2	2.9%
TOTAL	67	100.0%

We next examined two variables associated with the adjudicatory process: the presiding judge, and the presence or absence of counsel at the delinquency hearing. When the dispositions rendered by the two judges were compared, no significant differences were observed.

In Table 7 the dispositions of juveniles with and without counsel are compared. As may be seen, juveniles not represented by an attorney tend to be committed to institutions more often, although the number of children involved is too small to allow for a conclusion that this is significant. We know from our earlier discussion of the role of counsel at the dispositional stage that counsel plays almost no part in offering dispositional alternatives to the court.[31] Generally, counsel seemed to be attempting to obtain dismissals for their clients. As may be seen in Table 7, dismissals were proportionally the same for both counsel and non-counsel cases.

TABLE 7: DISPOSITIONS BY PRESENCE OF COUNSEL AT HEARING

Disposition	Present f	Present %	Absent f	Absent %
Dismissed — Not Involved	4	12.9%	6	7.3%
Dismissed	0		3	3.7%
Held Open — No Finding	3	9.7%	8	9.8%
Probation	20	64.5%	48	58.5%
Committed — Institution	4	12.9%	2	2.4%
TOTAL	32	100.0%	82	100.0%

Twelve of the committed children had been heard in court on at least three previous occasions and, of these, eight also had been committed to institutions at least once before. Of the remaining seven, three were girls who were runaways and whose parents in each case requested the court to remove them from home. Two others had no homes and foster home placements were unsuccessful. One child had been seen by the state diagnostic facility which recommended training school commitment. It is difficult to tell why the seventh child was institutionalized because he was a first offender with a cooperative, intact family. However, his probation officer described him as "belligerent and uncooperative."

Duration of Dispositional Orders

Traditionally, juvenile court laws placed no time limits on the duration of dispositional orders. Since the length of time a juvenile is subject to the court's jurisdiction is supposed to be based on treatment factors, a juvenile may have a longer period

of commitment than an adult charged with the same offense. *In re Gault* (1967), for example, Gerald was accused of making obscene phone calls. For this offense, the maximum penalty for an adult would have been a fine of from five to fifty dollars, or imprisonment for two months. Gault, however, was committed for an indeterminate period which could have been as long as six years.

The question of whether commitment of a juvenile for a longer period of time than an adult charged with the same offense violates the equal protection clause of the Fourteenth Amendment was not considered *In re Gault*. The question was raised, however, in a recent Texas case, *Smith v. State* (1969), in which a juvenile contended that his commitment for a possible five year period violated the Fourteenth Amendment because the maximum sentence for an adult could not exceed a year.

The Texas Court of Civil Appeals disagreed, pointing out that the equal protection clause allows differences if there is a reasonable basis for the differentiation (*Smith v. State*, 1969: 945). The court upheld Smith's commitment for as much as five years even though the maximum penalty for an adult would be a year for the offense of carrying a switchblade knife because:

> the legislature could have concluded that children, as a class, should be subject to indefinite periods of commitment. . . in order to insure sufficient time to accord the child sufficient treatment of the type required for effective rehabilitation (*Smith* v. *State*, 1969: 948).

Nevertheless, the court made it clear that "what is called rehabilitative treatment is indistinguishable from ordinary penal confinement encaged in demoralizing idleness," and that if the "legislative purpose is no more than cant and hypocrisy used to justify what is essentially a system that does no more than provide longer terms of imprisonment for children" its decision might be different. In the Smith case, however, there was no data that the legislative purpose of treatment rather than punishment is not being kept. Therefore, the court refused to find a denial of equal protection solely on the basis that the child could be confined for a longer period than an adult (*Smith v. State*, 1969: 948).

Other courts which have considered the question also seem to be more concerned with the quality of the treatment the juvenile is receiving than with the duration of the commitment

period (*In re Brown,* 1970; *In re Wilson,* 1970; *Abernathy v. United States,* 1969). It is only when treatment is lacking that the issue of whether the commitment period is longer than it would be for an adult becomes important.

The model laws[32] and some of the states[33] have adopted a different approach to the problem of determining the proper period of time for juvenile commitments. Instead of regulating the commitment period by the maximum penalty for an adult, they recommend a maximum time limit of one to two years for juveniles which, in most instances, is less than the comparable adult sentence.

These time limits seem not only reasonable but also realistic since the nationwide practice seems to be to keep committed juveniles in institutions for less than one year.[34] In Affluent County juveniles actually remain in institutions for less than nine months, and the probation period is rarely more than six months.[35]

It should be remembered, however, that neither a long nor a short stay in an institution nor a short or long probationary period have any necessary relationship to the quality or quantity of the treatment the juvenile receives.

COMMENTS AND RECOMMENDATIONS

Separate adjudication and disposition hearings are necessary in order for proper treatment plans to be developed. To implement this successfully, two major problems must be solved. The first is the danger that the child will not receive treatment during a period of crisis for considerable periods of time. The second is that some children may constitute a danger to themselves or the community if they remain in their homes during the period between adjudication and disposition.

In Affluent County these problems are not difficult to resolve. Approximately 80 percent of the Affluent County delinquents remain in their own homes after disposition by the court. They can make a temporary probation disposition so that needed treatment could begin prior to a disposition hearing. The disposition hearing should be scheduled for sixty days following adjudication. At the hearing the court should receive the social history, the results of any diagnostic examinations carried out, and the views of the probation officer, the family and the child on the suitability of present treatment.

Disposition hearings for the 20 percent the court removes from their homes should not be held until thorough diagnostic

evaluations have been completed. At present, the court has little choice if it implements this recommendation but to commit children to the state diagnostic center. If the community would establish diagnostic resources, it would not be necessary to remove these children for the 30-day period now required when the state facility is used. An assessment of the costs involved in developing community diagnostic clinics as opposed to committing children to the state center is not within the scope of this study.

Dispositional Standards. Some children in Affluent County as well as countless other communities are being adjudicated delinquent and at least nominally supervised by a juvenile court when they are not in need of the court's rehabilitative services. Such adjudications result from improper referrals by police and intake workers. This problem could be alleviated by the adoption of the intake criteria set out above.

Some questionable cases, however, will be referred to court for adjudication regardless of the adoption of referral criteria. If a child in such instances is found to have committed the alleged act, a pre-disposition study will be made. The report of the probation in these cases generally will conclude that the child does not require the services of the court. In this event the court should dismiss the case and if the child is not referred again to court within one year of the adjudication hearing, his record should be expunged. In other words, when a child does not need the services of the court, no useful purpose is served by his having a record of delinquency adjudication.

These procedures would seem to be more satisfactory than those the court currently employs to achieve much the same result, *i.e.*, probation without verdict and held open without finding. For consistency and clarity these recommended procedures should be defined by court rules or statute.

On the other hand, when a child is considered to be in need of court services, a statement of the child's problems, the reasons why treatment is necessary, and a summary of the recommended treatment should be presented by the probation staff to the court at the disposition hearing. There are at least two advantages to this procedure. First, the court will receive a clear picture of the child's needs and the possible plans for aiding him. Secondly, the child, his family and his counsel will be fully informed about the proposed plans, and will also have an opportunity to controvert any of the recommended treatment.

The treatment plan adopted by the court should be set out in detail either in the court order, or in an accompanying document, and the child and his parents should each receive a copy of it. Orders which merely state (as they frequently do in Affluent County) that the child has been found delinquent and "is continued under the jurisdiction of the court, released in the care and custody of parents pending further orders of the Court" are not very informative to the child, his family, and the probation staff.

An order or document of this kind is helpful not only in informing interested parties about what is to happen, but is also useful as a reference for subsequent evaluation of the child's progress.

Pre-Dispositional Data. Frequently in Affluent County, case records contained no pre-dispositional data in such basic areas as school history, socio-economic status, delinquency of other family members, and reports of efforts of other agencies with prior contacts with a child. Since the usual practice in the court is to make a temporary disposition which becomes the final disposition, no formal pre-dispositional study is made. Instead, records generally contain a probation officer's running commentary of his contacts with a probationer and his family. In fact, many records contained only one entry, a closing summary which often stated that the worker recommended the case be closed because the child had been in no further difficulty. In such instances one never knows whether court services were responsible for the apparent satisfactory result since it is impossible to determine what services, if any, were provided.

Similarly, it was often unclear what services were provided in the case of children who were in repeated difficulty. Comments by probation officers frequently only made mention of when additional delinquencies occurred and what the specific acts were.

Pre-dispositional clinical reports from the state diagnostic facility offer the court clear grounds for separating psychotic and mentally retarded delinquents from those who are not, and providing clear dispositional recommendations in such cases. In other cases, however, while the placement recommendations were quite clear, the reasons for making them were less obvious. Thus, it was not possible to know whether a residential treatment center placement was recommended because of the child's need for treatment or because of the unsuitability of

his home. In many instances, the reports failed to provide the court with a picture of the child's specific problems and the treatment strategies that would help him resolve them. Most importantly, the reports frequently did not inform the court about how the recommended treatment plan would serve the needs of the child. If the judge is to exercise discretion regarding accepting these recommendations, it is obvious that he must understand the rationale for them. If his function is merely to order, without question, the recommended treatment, it would not matter whether he fully understood the reasoning behind the recommendation. However, in Affluent County, and most other juvenile courts, the final disposition comes from a discretion-exercising judge.

These deficiencies have been well described by a prominent court psychiatrist, who stated that a

> great many [clinical reports] reflect a complete lack of integration of professional thinking by those involved in a case, towards some organized understanding of the child as a social/physical/intellectual/emotional human being. In so many inter-disciplinary agencies today each of the disciplines either function in a vacuum, or compete for supremacy over the others, so that the child studied by them never emerges as a complete entity whose problems can be met.[36]

Role of Counsel. Counsel has virtually no role at the dispositional stage in Affluent County and in most jurisdictions. When counsel did participate, his role seemed to be that of seeking the most lenient disposition, regardless of whether or not it would benefit his client.

FOOTNOTES

[1] Legislative Guide § 30(a), requires a predisposition study in every case, the Uniform Act § 28(a) makes the social study optional with the judge. Model Rules (Rule 29) require a social study to be made unless the court waives the requirements with the parties consent. Some states which make the social study mandatory include:

Cal. Welf. & Inst. 6707 (Supp. 1962)
Conn. Gen. Stat. Rev. § 17-66 (1968)
Del. Code Ann. title 10 § 1132 (a) (1953)
Idaho Code Ann. § 16-1814 (Supp. 1969)
Ind. Annual Stat. § 9-31139 (1956)
Iowa Code Ann. § 232.14 (1969)
Mass. Ann. Laws Ch. 119 § 57 (1965)
Utah Code Ann. § 55-10-99 (Supp. 1967)
Vt. Stat. Ann. title 33 § 655 (a) (Supp. 1969)

Statutes making it optional are:

Colo. Rev. Stat. Ann. § 22-1-8 (Supp. 1967)
Minn. Stat. Ann. § 260.151 (Supp. 1969)
N.Y. Fam. Ct. Act § 7 (1963)
N.D. Cent. Code 27-20-28 (1) (1960)
Okla. Stat. Ann. title 10 § 155(a) (Supp. 1968-1969)

[2] An example of a state in which a social study is used in all courts, but where studies are not required in all formal cases, is Maryland (U.S. Children's Bureau, 1967a: I-16).

[3] NCCD Model Rules for Juvenile Courts, Rule 29.

[4] For cases on the insanity defense in the juvenile court, see State of New Jersey *in re* H.C. (1969) not applicable; *In re* M.G.S. (1968) applicable; *In re* Winburn (1966) applicable.

[5] "Similarly, child psychiatric consultants to juvenile correctional facilities are grossly inadequate in number, and when psychiatric consultants are available, they have often had not didactic or practical experience with juvenile court orientation and, frequently, little or no training in the field of child psychiatry" (Malmquist, 1967).

[6] This finding was substantiated by a "questionnaire survey" by John Donovan under the auspices of the Judicial Conference Committee on Laws Pertaining to Mental Disorder in the District of Columbia. Mr. Donovan made available to the project the raw data from the questionnaires. They show that 15 (or 60%) juvenile courts referred 10 percent or less of children for clinical evaluations.

[7] This percentage is of the random sample of formal cases heard in court during 1968. The percentage in 1969 court observed cases was quite similar, 34 percent of those who received evaluations.

[8] Interview with Director of Social Services, State Diagnostic Facility, July 22, 1969.

[9] Interviews with Judge A and B, August 5, 1970.

[10] Interview with Judge A, August 5, 1970.

[11] Interviews with Affluent County probation officers, July 24 and September 10, 1969.

[12] Interview with Affluent Court probation supervisor, December 22, 1970.

[13] The sample of formal cases represented 15 percent (126 cases) of all cases petitioned during 1968 for which dispositions had been made by May 8, 1969 — the date the sample was drawn. The cases were drawn for the sample by using a table of random numbers.

[14] The project's court observer, an attorney, observed hearings three days a week for seven weeks.

[15] The observed cases were heard more than a year after the formal cases. The higher percentage of children represented by counsel is perhaps explained by the fact that counsel representation is increasing.

[16] Restitution was not, in fact, made in any of these cases until the court ordered it, and in one case, the father protested the amount of $90 for the replacement of an antique gun which the boy had sold.

[17] One family was described as "prominent," another as "providing a most suitable environment," and in another case the father was described as an unemployed corporation executive.

[18] The court did not have this information from other sources because this was the first disposition hearing for all five of these children. The usual procedure in such cases is to put the child on temporary probation or to hold the case open until the social study is completed unless the case is dismissed.

[19] In one of these cases restitution was also required.

[20] In one of these cases probation would have been impractical, because the boy had entered the army between the offense and the hearing. Also, he was almost 18 — the age at which the court usually closes cases.

[21] This was a confusing disposition, since the offense was clearly admitted and restitution was in effect "the penalty." The advantage for the child, of course, is the fact that he has no record, since there is no adjudication of the delinquency. From the view of obtaining the most favorable disposition, counsel's action was successful.

[22] The follow-up study conducted a year later also showed that two boys did not have another petition on file. The other two boys, including the "dismissed with restitution" case, were no longer of juvenile court age.

[23] Although the attorney asked for probation without verdict, the judge said the offense was too serious for this disposition. The boy was given a suspended commitment to the training school. (The judge said he would have committed him if the family had not been leaving the state.)

[24] The court adopted counsel's recommendation, but the follow-up study conducted three months later showed that the family had not made the arrangements for therapy. The probation officer assumed that the judge requested therapy with the therapist who had made the diagnosis. The father said he would pick his own therapist but did not, nor did he sign

the forms necessary to allow the boy to participate in group therapy sessions at a public agency. The social file also showed that the boy's sister was on probation, and that her probation officer had found the family uncooperative.

[25] In both of these cases, the parents had voluntarily placed the children outside of the home for a period of years when they were less than nine years of age.

[26] Note that both probation officer and diagnostic center agreed that the parents were uncooperative and the root of the difficulty. In fact, the diagnostic facility believed the boy should not even be returned to the home to await therapy.

[27] The follow-up study showed that the youth and his family were in therapy.

[28] Legislative Guide, *supra* note 1, § 32(e); Model Rules for Juvenile Courts, Rule 30 and comment; Uniform Juvenile Court Act § 29(d). See also, Minn. Stat. Ann. § 260.161 (Supp. 1969) which provides for mandatory disclosure of social studies; D.C. Code § 16-2331 (Supp. 1971). Illinois and Oklahoma are examples of states in which the court is to inform the parties as to the contents and conclusions of reports and give them an opportunity to contest them. Ill. Code Ann. ch. 37, § 705.1[2] (Supp. 1969), Oklahoma Stat. Ann. title 10 § 115(b) (Supp. 1968-69).

[29] We examined reports from a total of 12 jurisdictions attempting to obtain a mix of large cities and smaller county jurisdictions. The reports chosen came from courts in the following locales: Affluent County; Cook County, Illinois; Delaware County, Pennsylvania; District of Columbia; Fairfax County, Virginia; Los Angeles County, California; Louisville, Kentucky; Prince George's County, Maryland; Vermont (entire state).

[30] This method takes into account various elements in a delinquent act including amount of personal or property injury. Its use requires extensive data about the offense, and provides for weighting the elements so that severity scores are comparable across legal classifications of offenses.

[31] For a discussion of counsel's activities at disposition, see pages 185-189 *supra*.

[32] See Sheridan, Standards for Juvenile and Family Court Acts 82-83 (1966); Uniform Juvenile Court Act 36(b), (c); Legislative Guide for Drafting Family and Juvenile Court Acts 37(a), (b).

[33] D.C. Code § 16-2322. The District of Columbia limits commitment to an institution to not more than two years, and probation to one year. Orders may be extended for additional periods of one year if after notice and hearing the extension is necessary for the child's rehabilitation or the protection of the public. D.C. Code § 16-2322 (a), (b) (Supp. 1970). New York limits commitments to a period of not more than 18 months and probation for two years with provisions for extension. New York Family Court Act § 756, 757.

[34] 13 Crime and Delinquency 80 (1967) reports the results of a national survey which gave the median length of stay in juvenile institutions as nine months.

[35] Interviews with probation officers, July 24 and September 10, 1969.

[36] Letter of September 9, 1970 from the project's psychiatric consultant, Dr. Donald Hayes Russell. Dr. Russell reviewed the data from 49 clinical reports of juveniles in the samples who were committed to the state diagnostic center.

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