

**YOUTH COURT  
REFERRAL FORM**

**REFERRAL SOURCE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHARGE (S):** \_\_\_\_\_ **CASE#:** \_\_\_\_\_

**EXPECTED YOUTH COURT COMPLETION DATE:** \_\_\_\_\_

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**VICTIM (S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **RESTITUTION AMOUNT:** \_\_\_\_\_

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**RESPONDENT INFORMATION:**

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

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**PARENT/GUARDIAN:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**CONSENT TO RELEASE:** I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, give the Juvenile Court Alternatives Program (JCAP) permission to release any information regarding \_\_\_\_\_ case to the Youth Court. I give this permission without reservation and without force.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Youth Court Referral Form

NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

PARENT/GUARDIAN WORK PHONE NO. \_\_\_\_\_

DATE OF OFFENSE \_\_\_\_\_

OFFENSE \_\_\_\_\_

ESSENTIAL DETAILS OF THE OFFENSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VICTIM \_\_\_\_\_ VICTIM'S PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please attach Police Report (s) and/or Incident Report(s).

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERRED BY \_\_\_\_\_

CITY OF \_\_\_\_\_ POLICE DEPARTMENT

DATE \_\_\_\_\_

**EXPECTED YOUTH COURT COMPLETION DATE** \_\_\_\_\_

Youth Court Staff Only

## Youth Court Referral Form

NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

AGE \_\_\_\_\_ D.O.B \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

PARENT/GUARDIAN WORK PHONE NO. \_\_\_\_\_

OFFENSE \_\_\_\_\_ DATE OF OFFENSE \_\_\_\_\_

ESSENTIAL DETAILS OF THE OFFENSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VICTIM \_\_\_\_\_ VICTIM'S PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please attach any Police Report(s) or Incident Report(s) received and any restitution amounts already determined.

COMMENTS \_\_\_\_\_

\_\_\_\_\_

REFERRED BY \_\_\_\_\_ DATE \_\_\_\_\_

COUNTY SHERIFF DEPARTMENT

YOUTH COURT STAFF ONLY

**EXPECTED YOUTH COURT COMPLETION DATE** \_\_\_\_\_

**YOUTH COURT REFERRAL FORM**

**DATE OF OFFENSE:** \_\_\_\_\_ **CASE#** \_\_\_\_\_

**OFFENSE (S):** \_\_\_\_\_

**ESSENTIALS DETAILS OF OFFENSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESPONDENT INFORMATION:**

**NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **AGE/DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT:** \_\_\_\_\_

\_\_\_\_\_

**TEACHER/ADMINISTRATOR**

**NAME:** \_\_\_\_\_

**ROOM#:** \_\_\_\_\_

**AVAILABLE HOURS:** \_\_\_\_\_

Please attach teacher's statement if available.

\_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**YOUTH COURT  
REFERRAL FORM**

**DATE OF OFFENSE:** \_\_\_\_\_ **CASE#** \_\_\_\_\_

**OFFENSE (S):** \_\_\_\_\_

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**RESPONDENT INFORMATION:**

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**PARENT/GUARDIAN:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

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**VICTIM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**Referred By:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Date:** \_\_\_\_\_