**Referral Form for Youth Services from Piedmont Mediation Center**

**Fax: 980-434-5397 Office: 704-873-7624 Web & email:** [**www.piedmontmediation.com**](http://www.piedmontmediation.com)

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| Date: |  |
| Youth Name: |  |
| Date of Birth: |  |
| School/Agency: |  |
| Grade: |  |
| Referred by (Name & Email): |  |
| Parent(s) Name: |  |
| Parent Mailing Address: |  |
| Parent Email Address: |  |
| Parent Phone (Cell & Home): |  |
| Programs Referred to: (circle if known) | Restorative Justice Teen CourtTruancy MediationYODA (16+ Offender Diversion) |
| Issues: |  |
| Parental Permission Granted: | Written \_\_\_ Verbal only \_\_\_\_ |
| Truancy, Days Absent: | Excused \_\_\_\_ Unexcused \_\_\_\_ Tardies \_\_\_\_Additional absences due to Tardies \_\_\_\_ |

**Required Responses:**

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| In your opinion, does this issue rise to the level of a crime? (communicating threats, assault, damage to property, disorderly conduct, theft, etc.) | Yes \_\_\_\_ (if yes, please explain)No \_\_\_\_ |
| What is the risk level for repeat behavior? | No Risk \_\_\_\_ Low \_\_\_\_ Medium \_\_\_\_ High \_\_\_\_ |
| Do you feel other services are needed for this youth? (counseling, drug assessment, life skills) | Yes \_\_\_\_ (if yes, please explain)No \_\_\_\_ |
| Will you refer this issue on to Juvenile Justice or District Criminal Court? | Yes \_\_\_\_ (if yes, please explain)No \_\_\_\_ |

**Comments:**

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