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| --- | --- |
| Date: |  |
| Youth name: |  |
| Date of Birth: |  |
| School / Agency: |  |
| Grade: |  |
| Referred by (Name & Email Address): |  |
| Parent(s): |  |
| Parent Mailing Address: |  |
| Parent Email Address: |  |
| Parent Phone (Cell & Home): |  |
| County of Residence: |  |
| Programs Referred to: (please circle) | Restorative Justice (victim-offender)  Teen Court Clean Teens  Truancy Mediation  YODA (16+ Offender Diversion Alternative) |
| Issues: |  |
| Parental permission granted: | Written \_\_\_\_\_ Verbal only \_\_\_\_\_ |
| Truancy, Days Absent: | Excused \_\_\_\_ Unexcused \_\_\_\_ Tardies \_\_\_\_  Additional absences due to Tardies \_\_\_\_\_\_\_\_\_\_ |

# Required Questions:

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| --- | --- |
| In your opinion, does this issue rise to the level of a crime? (Communicating threats, assault, damage to property?) | Yes \_\_\_\_\_ (if yes, state crime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No \_\_\_\_\_ |
| What is the risk level for repeat behavior? | No risk \_\_\_\_ Low \_\_\_\_ Medium \_\_\_ High \_\_\_\_ |
| Do you feel other services are needed for this juvenile? (Counseling, Drug Assessment, Life Skills) | No \_\_\_\_  Yes \_\_\_\_ (If yes, please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will you refer this issue onto the Division of Juvenile Justice or pursue charges in District Criminal Court? | No \_\_\_\_  Yes \_\_\_\_ Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |