**Alamance County Teen Court**

**REFERRAL FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referred By: | | | | | |  | | | | | | | | | Ph: | | |  | | | | |  | Referral Date: | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Name: | | | | | |  | | | | | | | | | | | | | | | | |  | Offense Date: | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: |  | | | | | | | | | Age: | |  | | Sex: | | |  | | | Race: | |  |  | Sch.ID#: | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Party: | | | | | | | |  | | | | | | | | | | | | | | |  | Grade: |  | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | |  |  |  | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | |  | School: |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |  | **School Status:** | | | | Enrolled | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | (h): | | | | | ( | | | | | | (c): | | |  | | | | | | |  | Suspended | | | | Expelled | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DSS Social Worker: | | | | | | | | |  | | | | | | | | | | | | | |  | DSS Phone#: | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charge(s): | | | |  | | | | | | | | | | | | | | | Level: | |  | |  | # Previous Referrals to Program: | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | Level: | |  | |  | Court Counselor: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | Level: | |  | |  | Probation Officer: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # of Community Service Hours: | | | | | | | | | | |  | | | | | | | | | | | |  | Restitution: | | | | | |  | |

**CLIENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Status:** | Diverted | | Petition |  | **Educational Classification:** | | Regular | | ADHD | |
|  | Adjudicated | | Probation |  |  | | BEH | | Other | |
|  | | | | | | | | | | |
| **Problems Prior to Placement:** | | # Court Referrals: | | 0 | | # Runaways: | | 0 | |  |
|  | |  | |  | |  | |  | | |
|  | | # School Suspensions: | |  | | # Secure Custodies: | | 0 | |  |
|  | |  | |  | |  | |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LIVING ARRANGEMENTS AT THE TIME OF PLACEMENT:** | | | | | | PLEASE CHECK ONE | | | |
|  | | | | | | | | | |
| 01 | Both Parents | 05 | Father only | 09 | Instit.(Caring) | | 13 | Other (Specify) |  |
| 02 | Mother & Stepfather | 06 | Other Relative | 10 | Instit.(Train.Sch.) | | 99 | Unknown |  |
| 03 | Father & Stepmother | 07 | Foster Care | 11 | Independent Living | |  |  |  |
| 04 | Mother only | 08 | Group Home | 12 | Secure Detention | |  |  |  |

**If in Group Home:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Group Home Name: | |  |  | Contact Person: | |  |  |
|  | | | | | | | |
| Phone#: |  | |  | Address: |  | |  |
|  | | | | | | | |
|  | | | | |  | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE REFERRED YOUTH:** | | | | **LEVEL OF GANG INVOLVEMENT:** | | | | Physical Handicap: | | | Yes  No |
|  | | | |  | | | |  | | | |
|  | Admits gang involvement | | | With 1 being the lowest and 4 being the highest, how would you rate this individual’s level of gang involvement? | | | | If yes, explain: |  | | |
|  | | | |  | | | |
|  | Is known to associate with gang members | | |  | | | |
|  | | | |
|  | | | |  | | | |  | | | |
| Name of gang(s): | | |  | 1 | 2 | 3 | 4 | Interpreter Services Needed? | | | |
|  | | | |  | | | |  | | | |
| Location/set: | |  | |  | | | | Yes  No | |  | |
|  | | | |  | | | |  | | | |

**If Restitution owed, please complete information below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Victim: |  | |  | Restitution Amont: | |  |  |
|  | | | | | | | |
| Address: | |  |  | Phone#: |  | |  |
|  | | | | | | | |
|  | |  |  |  |  | | |
|  | | | | | | | |
|  | | | | | | | |
| Victim: |  | |  | Restitution Amont: | |  |  |
|  | | | | | | | |
| Address: | |  |  | Phone#: |  | |  |
|  | | | | | | | |
|  | |  |  |  |  | | |
|  | |  |  |  |  | | |

**FOR TEEN COURT REFERRAL, PLEASE SEE PAGE 2**

**For Teen Court Referrals ONLY:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Offense:** |  | | | | | **Date of Offense:** |  |
|  | | | |  | | | |
| **Place of Offense with address:** | | | | |  | | |
|  | | |  | | | | |
| **Juveniles Involved:** | | |  | | | | |
|  | | |  | | | | |
| **Summary:** | |  | | | | | |

**Complete Teen Court Referrals can be sent to Sloane King by:**

**Email:** [**kking@onestepfurther.com**](mailto:kking@onestepfurther.com)

**Fax: 336-378-0959 (be sure to specify Alamance County on faxes)**

**Mail: 200 N. Main Street, Graham, NC 27253 or**

**My Phone number is 336-338-9415**