**Alamance County Teen Court**

**REFERRAL FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: |       |  |
|  |
|  |       |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

**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**