



Youth Diversion Team/ Juvenile Review Board Referral Form

Please Fill Out & Return
Electronically to:

YDT/JRB Referral Information				
Referral Date: Select Date		Incident date: Select Date		
Summons#: Enter Number				
Case Involves Identified Victim(s) [YDT please verify]: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Referring Probation Officer: Enter Name				
Client Information				
Charge(s): Click or tap here to enter text				
Name: Enter Name			Address: Full address, including City, State, and Zip Code	
Phone Number: Enter phone number			E-Mail: Click or tap here to enter text.	
Race: Choose from Dropdown	Other: Enter here	Gender: Choose	Other: Enter here	DOB: Select Date
Client's Primary Language : Choose an item	Primary Language Other (please also specify party):		Interpreter Required? Choose an item	
Parent's/ Legal Guardian's Primary Language : Choose an item				
Parent/Legal Guardian Name (1): Enter Name			Address (1): Full address, including City, State, and Zip Code	
Phone Number (1): Enter phone number			E-Mail (1): Click or tap here to enter text	
Parent/Legal Guardian Name (2): Enter Name			Address (2): Full address, including City, State, and Zip Code	
Phone Number (2): Enter phone number			E-Mail (2): Click or tap here to enter text	
Initial Screening Observations:				
Potential Areas of Strength: <input type="checkbox"/> Family <input type="checkbox"/> School Attendance <input type="checkbox"/> School Behavior <input type="checkbox"/> School Grades <input type="checkbox"/> Employment <input type="checkbox"/> Friends <input type="checkbox"/> Leisure Activities <input type="checkbox"/> Services/Supports <input type="checkbox"/> Coping Skills				
Potential Areas of Need: <input type="checkbox"/> Family <input type="checkbox"/> School Attendance <input type="checkbox"/> School Behavior <input type="checkbox"/> School Grades <input type="checkbox"/> Employment <input type="checkbox"/> Friends <input type="checkbox"/> Leisure Activities <input type="checkbox"/> Services/Supports <input type="checkbox"/> Coping Skills				

IMPORTANT: Save this file with a new file name. Otherwise, information may be lost.

Please send police report and consent form.