office on youth

SERVICES REFERRAL FORM

Effective January 1, 2018

Date Referred: _____

Locality: ☐ Caroline ☐ Spotsylvania ☐ King George
☐ Stafford ☐ Fredericksburg ☐ Other: _____

Referring Agency: ☐ CSU/JDR ☐ School ☐ Social Services
☐ Parent/Guardian ☐ Other: _____

Program(s) Ordered:

☐ Anger Management Services

☐ Community Service Work (CSW)
Hours Ordered: _____

☐ Substance Abuse Assessment & Services
(Please attach SASSI results, if available)
Date of last positive screen: _____;
Positive for: _____

☐ Restitution Monitoring (King George Only)

☐ Restorative Justice Services
□ *Restorative Justice Conference*

*** Please attach copies of the court order, diversion contract, or disciplinary referral letter to all referrals, if one is available.***

Juvenile Name: _____

Gender: ☐ Female ☐ Male DOB: _____ JTS#: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Race: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other

School: _____

Parent/Guardian: _____

P/G Address: _____

P/G Home Phone: _____ Cell Phone: _____

VC Code / Charge: _____ Court Case #: _____

Date Ordered: _____ Deadline Date: _____

YASI Risk Level: _____ *(Please attach, if available)*

Probation Officer: _____ Contact Number: _____

Faxed/Referred by: _____ Contact Number: _____

Comments: