



SERVICES REFERRAL FORM

Effective June 1, 2022

Date Referred: _____

Locality: Caroline Co. Spotsylvania Co. King George Co.
 Stafford Co. Fredericksburg Other: _____

Referring Agency: CSU / J&DR Schools Social Services
 Parent / Guardian Other Agency: _____

Group Programs:

- Anger Management
- Community Service Work (CSW)
Hours Ordered: _____
- Restorative Justice Services
 - Restorative Justice Class
 - Victim Offender Dialogue
- Substance Abuse Assessment & Services
(Please attach SASSI results, if available)
Date of last positive screen: _____
Positive for: _____

Diversion Programs:

- Restorative Justice Larceny- Diversion (RJL-D)
- Restorative Justice- Larceny with up to 8 hours of community service
Additional Community Service hours available**
- VOISE- Diversion (VOISE-D)
- VOISE-D with up to 8 hours of community service.
Additional community service hours available**

*** Please attach copies of the court order, or disciplinary referral, diversion contract, and YASI form to all referrals, if 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: _____

Probation Officer: _____ Contact Number: _____

Faxed/Referred by: _____ Contact Number: _____

Comments: