



Court-Involved Services Referral Form

Effective July 1, 2022

Date Referred: _____

Locality: Essex Co. Lancaster Co. Northumberland Co.
 Richmond Co. Westmoreland Co. Other: _____

Programs Ordered:

- Anger Management
- Check and Connect
- Community Service Work (CSW)
- Decision Points Group
- Electronic Monitoring / Surveillance
- Pro-Social Activities
- Specialized Services
- Restorative Justice
- Substance Abuse Avoidance Group Education

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

Juvenile Name: _____

Gender: Female Male DOB: _____ JTS#: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Race: African American Asian Caucasian Hispanic Other

School: _____

Parent / Guardian: _____

P / G Address: _____

P / G Home Phone: _____ Cell Phone: _____

Charge: _____

Date Ordered: _____ Deadline Date: _____

Probation Officer: _____ Contact Number: _____

Faxed / Referred by: _____ Contact Number: _____

Comments: