

Legal Status: <input type="checkbox"/> Court Counselor Consultation <input type="checkbox"/> Youth at Risk <input type="checkbox"/> Intake/Diverted <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Adjudicated <input type="checkbox"/> Petition Filed <input type="checkbox"/> Probation <input type="checkbox"/> Referred from District Court <input type="checkbox"/> Referred from Superior Court <input type="checkbox"/> Commitment	Type of Court Complaint: <input type="checkbox"/> Delinquency (Property Crime) <input type="checkbox"/> Runaway <input type="checkbox"/> Delinquency (Person Crime) <input type="checkbox"/> Truancy <input type="checkbox"/> Delinquency (Victimless Crime) <input type="checkbox"/> N/A <input type="checkbox"/> Ungovernable <input type="checkbox"/> Unknown
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Referral Reason: <input type="checkbox"/> Problem Behavior (Victimless Crime) <input type="checkbox"/> Runaway <input type="checkbox"/> Truancy <input type="checkbox"/> Ungovernable <input type="checkbox"/> Neglected <input type="checkbox"/> Dependent <input type="checkbox"/> Abused <input type="checkbox"/> Other	Explain Other Referral Reason:
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Diversion/Disposition: <input type="checkbox"/> N/A <input type="checkbox"/> Diversion Plan <input type="checkbox"/> Diversion Contract <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Post Release Supervision Plan <input type="checkbox"/> Other	Substance Abuse: <input type="checkbox"/> N/A <input type="checkbox"/> Assessment/Eval. Only <input type="checkbox"/> Education Only <input type="checkbox"/> Assessment/Eval. Educ. <input type="checkbox"/> Treatment
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Date Placed on Probation/Supervision: 	Length of Probation/Supervision:
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PERSONAL HISTORY (Include actual numbers)

<input type="checkbox"/> Juvenile Court <i>(Include No.# of all petitions filed)</i>	<input type="checkbox"/> Runaway <i>(Indicate No.# of runaways below)</i>	<input type="checkbox"/> Suspended/Expelled <i>(Indicate No.# of suspensions/expulsions in the space provided below)</i>	<input type="checkbox"/> Secure Custody <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+ <i>(Count one time for each individual incident in Detention Center, Training School, etc.)</i>
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Other Agencies, i.e. D.S.S., M.H. – 0 1 2 3 4 5 6

Please Specify:

ANY ADDITIONAL INFORMATION: *(Please provide any information conducive to a successful mentorship. Be sure to include special needs, hobbies, and interests.)*

Signature of Referral Source: <i>(must have original signature)</i>	Title/Position of Referral Source:
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Date:	Person Completing This Form:
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