

Salt Lake Peer Court

645 South 200 East #101 SLC, UT. 84111

Phone: 322-1815 Fax: 322-4498 slpcourt@xmission.com

Kathleen Zeitlin
Program Director

Police Case # _____
Date: _____

REFERRAL

Youth (Full Name): _____

School: _____ Grade: _____ Age: _____ DOB _____

Juvenile Court Alternative: yes no M F

Ethnicity: _____

Offense(s):

Offense Date _____

- | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Assault | <input type="checkbox"/> Curfew | <input type="checkbox"/> Disorderly Conduct |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Shoplifting | <input type="checkbox"/> Theft | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Trespassing | <input type="checkbox"/> Truancy | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Other |

If "Other" Please Give Description: _____

Referred by: _____

Address of Occurrence: _____

Comments: _____

Recommendations: _____

Parent/Guardian has been contacted: Yes No

Consent Form: Sent Home Given to Parent

Translation Needed? Yes No Language: None Other: _____

Parent/Guardian Information

Lives with: Mother Father Both Guardian

Father: _____

Mother: _____

Address: _____

Address: _____

ZIP _____

ZIP _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Guardian: _____

Home Phone: _____

Address: _____

Work Phone: _____

Victim Information : [if applicable]

Name: _____

Address: _____

Phone: _____

Loss Sustained: Yes No Amount: \$ _____