



Juvenile Diversion Referral Form

DR# _____

Date: ____/____/____

Recommended Diversion Services

- Counseling
- Drug/Alcohol Group
- Parent Education
- Anger Management
- Legal Awareness
- Comm. Serv. Hrs. _____
- Restitution \$ _____
offenders involved _____
- Other: _____

Minor's Name: _____

Age: _____ DOB: ____/____/____ School: _____

Parent or Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone:() - _____ Business Phone:() - _____

Referring Agency: _____ Officer or Detective: _____ Phone:() - _____

Date of offense: ____/____/____ Offense: _____ CJI Priors: _____

Comments: _____

Case Update/Closure Counseling

Date: ____/____/____

Counselor: _____ Phone: _____ CSP Client #: _____

- Family attended intake assessment on _____ and;
Will continue in: Counseling Drug and Alcohol Group Anger Mgmt Group Parent Education Group
- Successful/Satisfactory Intervention in Counseling Drug and Alcohol Group Anger Mgmt Group Parent Ed Group
 Other _____
- Unsatisfactory Participation/Uncooperative Counseling Drug and Alcohol Group Anger Mgmt Group Parent Ed Group
 Other _____
- Unable to contact or no response from family.

Comments: _____

Case Update/Closure Restorative Justice

Date: ____/____/____

Diversion Specialist: _____ Phone: _____ CSP Client #: _____

- Intake session completed on _____
- Successful/Satisfactory Intervention in: LAW (Date attended) ____/____/____
 Restitution Community Service Hrs Other _____
- Unsatisfactory participation/Uncooperative in: LAW Restitution Community Service Hrs Other _____
- Unable to contact or no response from family.

Comments: _____

Restorative Justice Components:

Financial Restitution: Total Obligation: \$ _____ Total Collected: \$ _____ Date Finalized: _____

Community Service Hours: Hours Ordered: _____ Hours Completed: _____ Date Finalized: _____

Volunteer Service Site: _____