

CONFLICT RESOLUTION CENTER / JCPC REFERRAL FORM

FAX form to: (828) 397-2954

(Please print or type)

CRC Office Phone: (828) 397-2566

Date of Referral:	- - (MM – DD – YYYY)	NC-JOIN ID:	
Program:	<i>See Guide for information on each program page 3</i> 1. <input type="checkbox"/> Restorative Circles (Age: 11-17) <input type="checkbox"/> Teen Court** 2. <input type="checkbox"/> Juvenile Mediation (Age: 9-17) 3. * <input type="checkbox"/> Conflict Resolution Education (Age: 9-17) *is only available if option 2 is selected	County	(please select) <input type="checkbox"/> Burke <input type="checkbox"/> Caldwell <input type="checkbox"/> Catawba** Teen Court is only available in Catawba Co.
Client Name:		DOB:	
		*SSN:	XXX-XX- Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Hispanic/Latino <input type="checkbox"/>	Race:	School/Grade:	/
Legal Guardian:		Relationship to juvenile:	Phone:
Physical Address:		City:	NC Zip:
Mailing Address:		City:	NC Zip:
+Email of parent/guardian if available:			
Is there Juvenile Justice Involvement?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is participation in this program court ordered?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Participation in this program a part of a diversion plan/contract?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Court Counselor <input type="checkbox"/> SRO <input type="checkbox"/> School Admin. <input type="checkbox"/> Other (DSS) etc.	<i>Type Name</i>	Phone:	Email:
*NCAR Risk Score (Agency to collect)		YASI Pre-Screen Score Numeric Score:	
Current Legal Status:	Problem Behaviors \ Risk Indicators:		
<input type="checkbox"/> NA/No Juvenile Justice Involvement <input type="checkbox"/> Court Counselor Consultation <input type="checkbox"/> Diversion Plan/Contract <input type="checkbox"/> SRO/Law Enforcement Diversion <input type="checkbox"/> Vulnerable Juvenile <input type="checkbox"/> Diversion Plan/Contract <input type="checkbox"/> Petition Filed <input type="checkbox"/> Deferred Prosecution <input type="checkbox"/> Adjudicated Undisciplined Disposition Pending <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Probation <input type="checkbox"/> Commitment <input type="checkbox"/> Post Release Supervision (PRS) <input type="checkbox"/> Continuation Services <input type="checkbox"/> Interstate Compact	INDIVIDUAL <input type="checkbox"/> Bullying Behavior <input type="checkbox"/> Negative Labeling/Bullied <input type="checkbox"/> Crime/Delinquency (unreported & reported) <input type="checkbox"/> Fighting/Assault/ Aggressive Behavior <input type="checkbox"/> Fire Setting <input type="checkbox"/> Impulsive/Risk Taking <input type="checkbox"/> Mental Health Issues/Depression/ Anxiety/Temper Tantrums <input type="checkbox"/> Poor Social Skills/Anti-social <input type="checkbox"/> Run Away from Home <input type="checkbox"/> Self-Mutilation <input type="checkbox"/> Sexually Active <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Sexual/Physical/Mental Abuse/ Victimization/ Trauma	INDIVIDUAL (continued) <input type="checkbox"/> Substance Use (alcohol or drugs) <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicidal Ideation/Threats FAMILY <input type="checkbox"/> Excessive Dependence on Parents <input type="checkbox"/> Family Conflict <input type="checkbox"/> Lack of Discipline by Parent or Child is Ungovernable <input type="checkbox"/> Siblings or Parent/Guardian on Probation or Incarcerated <input type="checkbox"/> Substance Use in Home SCHOOL <input type="checkbox"/> Academic Failure/Behind Grade Level for Age <input type="checkbox"/> Behavior Problems: Disruptive in Class/ Referrals to Office/ Suspensions	SCHOOL (continued) <input type="checkbox"/> Truancy/Skipping School PEER <input type="checkbox"/> Gang Associate or Member; or Gang Involvement <input type="checkbox"/> Negative Peer Associations/ Association with Aggressive Peers <input type="checkbox"/> Typically Associates with Negative Older Persons COMMUNITY <input type="checkbox"/> Availability or Perceived Access to Drugs <input type="checkbox"/> Disadvantaged/ Disorganized/ Impoverished Neighborhood <input type="checkbox"/> Feeling Unsafe in Home Neighborhood <input type="checkbox"/> High Crime Rate in Home Neighborhood

Prior Adjudications: Has the juvenile had any prior adjudications?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the <u>number</u> of prior adjudications for each category below										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Prior Undisciplined #</td> <td style="width: 20%;"></td> </tr> <tr> <td>Prior Class 1-3 misdemeanors #</td> <td></td> </tr> <tr> <td>Prior Class F-I felonies or A 1 misdemeanors #</td> <td></td> </tr> <tr> <td>Prior Class A-E Felonies #</td> <td></td> </tr> </table>	Prior Undisciplined #		Prior Class 1-3 misdemeanors #		Prior Class F-I felonies or A 1 misdemeanors #		Prior Class A-E Felonies #			
Prior Undisciplined #											
Prior Class 1-3 misdemeanors #											
Prior Class F-I felonies or A 1 misdemeanors #											
Prior Class A-E Felonies #											
Prior Assaults: Has the juvenile had any prior delinquent complaints for Assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the <u>number</u> of prior delinquent complaints for assault for each category below										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Involvement in an affray #</td> <td style="width: 20%;"></td> </tr> <tr> <td>Yes, without a weapon #</td> <td></td> </tr> <tr> <td>Yes, without a weapon, inflicting serious injury #</td> <td></td> </tr> <tr> <td>Yes, with a weapon #</td> <td></td> </tr> <tr> <td>Yes, with a weapon, inflicting serious injury #</td> <td></td> </tr> </table>	Involvement in an affray #		Yes, without a weapon #		Yes, without a weapon, inflicting serious injury #		Yes, with a weapon #		Yes, with a weapon, inflicting serious injury #	
Involvement in an affray #											
Yes, without a weapon #											
Yes, without a weapon, inflicting serious injury #											
Yes, with a weapon #											
Yes, with a weapon, inflicting serious injury #											
Additional Client Information:											
Does the client speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the primary language spoken in the household?										
Does the client have an Exceptional Designation (EC or IEP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
List any current medical problems:											
List all current medications:											
Does client have private medical Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Does client have Medicaid/Health Choice?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
IF "No," has parent/guardian applied for Medicaid or Health Choice?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Is the client on EHA (Electronic House Arrest) or Electronic Monitoring (EM)?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Is the client currently on ATD (Alternative to Detention) status with Juvenile Court Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Enter the number of problems the client has experienced over the previous 12 months:											
Number of Runaways	<input type="checkbox"/> Unknown										
Number of Short-Term Suspensions	<input type="checkbox"/> Unknown										
Number of Long-Term Suspensions	<input type="checkbox"/> Unknown										
Number of Expulsions	<input type="checkbox"/> Unknown										
Additional Comments about the Incident:											

Name of Person Making Referral:	
Title:	
Phone Number:	
Email:	
Describe the reason you're referring this client to this Program / What specific changes in knowledge/skills/abilities/behavior do you seek as a result of participation in the program?	
Date Referral Received by Program:	- - (MM – DD – YYYY)

Agency GUIDE TO PROGRAM REQUIREMENTS:

- 1. Restorative Circles (Age: 11-17) Teen Court (Age: 11-17) available in Catawba County only**
 The **Restorative Justice Circle program** provides a *diversion opportunity* to offenders with certain misdemeanors, and/or undisciplined petition, who accept responsibility for their actions.

Teen Court -Catawba County Only
 Teen Court provides a *diversion opportunity* to offenders with certain misdemeanors and/or undisciplined petition, who accept responsibility for their actions.

Both programs are for students between the ages of 11 to 17, who have *NO or limited* prior criminal record, and/or *are actively involved in an educational program*. Referrals for youth 18 years of age will come from Juvenile Court Counselors who are currently under DJJ supervision.

CONTACT PERSON: Chris White - Phone: (336) 340-2456-cell Email: crccwhite@gmail.com
 RJ Assistant email: pattiferree@bellsouth.net Office No. **828-397-2566**
- 2. Juvenile Mediation (Age: 9-17) Mediation or Conciliation is held at the school or the CRC office during the school day for approximately 1¼ hour. CONTACT PERSON: Cathy Starnes – Office No. (828) 397-2566 EMAIL: crced2566@gmail.com Cell: 828-781-9191**
- 3. *Conflict Resolution Education (Age: 9-17) only Available if option 2 is selected**
Three (3) Conflict Resolution Education Classes (2¼ each = 6¾ hours) are usually held at an area high school, local library, or at the CRC office from 3:45-6:00 p.m. on a weekday for three consecutive weeks. (Saturday 9-4 is an option for group classes)

CONTACT PERSON: Chloe Martin – Phone 704-648-7691 EMAIL: crcrpa20@gmail.com
 RJ Assistant email: pattiferree@bellsouth.net Office No. **828-397-2566**

This program is funded by the Juvenile Crime Prevention Council.