

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 <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: | Phone: | | |
| Legal Guardian's relationship to client: | Email: | | |
| Physical Address: | City: | NC | Zip: |
| Mailing Address: | City: | NC | Zip: |
| 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. | Type Name | Phone: | Email: |
| Client Risk Score: CRC will collect data | YASI Pre-Screen 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"/> 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 <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 |

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|---|--|----------------------------|--|--------------------------------|--|--|--|----------------------------|--|---|--|
| 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 # | |
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| 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"/> | | | | | | | | | | |
| 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: | | | | | | | | | | | |

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|---------------------------------|--|
| 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)

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** 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

2. Juvenile Mediation (Age: 9-17)

Mediation or Conciliation is held at the school during the school day for approximately 1¼ hour.

CONTACT PERSON: Patti Ferree – Phone (828) 308-4673-cell EMAIL: pattiferree@bellsouth.net

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 from 3:45-6:00 p.m. on a weekday for three consecutive weeks.

CONTACT PERSON: Patti Ferree – Phone (828) 308-4673-cell EMAIL: pattiferree@bellsouth.net

This program is funded by the Juvenile Crime Prevention Council.