

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: _____ Gender: _____ XXX-XX- _____ 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.	<i>Type Name Of Person Making Referral</i>		
	Phone number:		
	Email:		
Client Risk Score: <i>CRC will collect data</i>		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	<u>INDIVIDUAL</u> <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	<u>INDIVIDUAL (continued)</u> <input type="checkbox"/> Substance Use (alcohol/drugs) <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicidal Ideation/Threats <u>FAMILY</u> <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 <u>SCHOOL</u> <input type="checkbox"/> Academic Failure/Behind Grade Level for Age <input type="checkbox"/> Behavior Problems: Disruptive in Class/ Referrals to Office/ Suspensions	<u>SCHOOL (continued)</u> <input type="checkbox"/> Truancy/Skipping School <u>PEER</u> <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 <u>COMMUNITY</u> <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? Yes No

If Yes, list the number of prior adjudications for each category below

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? Yes No

If Yes, list the number of prior delinquent complaints for assault for each category below

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 No What is the primary language spoken in the household?

Does the client have an Exceptional Designation (EC or IEP)? Yes No

List any current medical problems:

List all current medications:

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 Expulsions	<input type="checkbox"/> Unknown	Number of Long-Term Suspensions	<input type="checkbox"/> Unknown

Additional Comments about the Incident:

Describe the reason you're referring this client to this Program / What specific changes in knowledge/, skills, abilities, or behavior do you seek as a result of participation in the program?

Name of Person Making Referral:

Title: **Phone Number:**

Email:

This program is funded by the Juvenile Crime Prevention Council.

Date Referral Received by Program: - - (MM – DD – YYYY)

Restorative Circles/Mediation/CRE Class: Contact: Chloe Martin Email: crcrpa20@gmail.com

Catawba County Teen Court: Contact: Adriana Mot Email: crcamot@gmail.com

Executive Director/JCPC Program Manager: Cathy Starnes Email: crced2566@gmail.com

Scan to crced2566@gmail.com or fax to: 828-397-2954