

# CONFLICT RESOLUTION CENTER / JCPC REFERRAL FORM

FAX form to: (828) 397-2954

(Please print or type)

CRC Office Phone: (828) 397-2566

<b>Date of Referral:</b>	(MM – DD – YYYY)	<b>NC-JOIN ID:</b>	
<b>Program:</b>	<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) (1.25 hours) 3. <input type="checkbox"/> Conflict Resolution Education (Age: 9-17) (4 hours)	(please select) <b>County</b> <input type="checkbox"/> Burke <input type="checkbox"/> Caldwell <input type="checkbox"/> Catawba** **Teen Court is only available in Catawba Co.	
<b>Client Name:</b>		<b>DOB:</b>	
		<b>SSN:</b>	<b>Gender:</b>
		XXX-XX-	M <input type="checkbox"/> F <input type="checkbox"/>
Hispanic/Latino <input type="checkbox"/>	<b>Race:</b>	<b>School/Grade:</b>	_____ / _____ - _____
<b>Legal Guardian:</b>		<b>Phone:</b>	
<b>Legal Guardian's relationship to client:</b>		<b>+Email:</b>	
<b>Physical Address:</b>		<b>City:</b>	NC <b>Zip:</b>
<b>Mailing Address:</b>		<b>City:</b>	NC <b>Zip:</b>
<b>Is there Juvenile Justice Involvement?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is participation in this program court ordered?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is Participation in this program a part of a diversion plan/contract?</b>		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>	<b>Phone number:</b>	<b>Email:</b>
<b>Client Risk Score: CRC will collect data</b>		<b>YASI Pre-Screen Score: DJJ only</b>	
<b>Current Legal Status:</b>	<b>Problem Behaviors \ Risk Indicators:</b>		
<input type="checkbox"/> <b>NA/No Juvenile Justice Involvement</b>  <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><b>INDIVIDUAL</b></u> <input type="checkbox"/> Bullied/Negative Labeling <input type="checkbox"/> Bullying Behavior <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><b>INDIVIDUAL (continued)</b></u> <input type="checkbox"/> Substance Use (alcohol/drugs) <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicidal Ideation/Threats <u><b>FAMILY</b></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><b>SCHOOL</b></u> <input type="checkbox"/> Academic Failure/Behind Grade Level for Age <input type="checkbox"/> Behavior Problems: Disruptive in Class/ Referrals to Office/ Suspensions	<u><b>SCHOOL (continued)</b></u> <input type="checkbox"/> Truancy/Skipping School <u><b>PEER</b></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><b>COMMUNITY</b></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

<b>Prior Adjudications:</b>	Has the juvenile had any prior adjudications? <input type="checkbox"/> Yes No <input type="checkbox"/>		
<b>If Yes, list the <u>number</u> of prior adjudications for each category below</b>			
Prior Undisciplined #		Prior Class 1-3 misdemeanors #	
Prior Class F-I felonies or A 1 misdemeanors #		Prior Class A-E Felonies #	
<b>Prior Assaults:</b>	Has the juvenile had any prior delinquent complaints for Assault? <input type="checkbox"/> Yes No <input type="checkbox"/>		
<b>If Yes, list the <u>number</u> of prior delinquent complaints for assault for each category below</b>			
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 #			
<b>Additional Client Information:</b>			
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"/>	unknown <input type="checkbox"/>	
List any current medical problems:			
List all current medications:			
<b>Enter the number of problems the client has experienced over the previous 12 months:</b>			
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
<b>Additional Comments about the Incident:</b>			
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?			
<b>Name of Person Making Referral:</b>			
<b>Title:</b>		<b>Phone Number:</b>	
<b>Email:</b>			
<b>This program is funded by the Juvenile Crime Prevention Council.</b>			
<b>Date Referral Received by Program:</b>	-	-	(MM – DD – YYYY)
<b>Restorative Circles/Mediation/CRE Class:</b>	<b>Contact: Chloe Martin</b>	Email: crcrpa20@gmail.com	
<b>Catawba County Teen Court/CRE Class:</b>	<b>Contact: Adriana Mot</b>	Email: crcamot@gmail.com	
<b>Executive Director/JCPC Program Manager: Cathy Starnes</b>	Email: crced2566@gmail.com		
<b>Scan to <a href="mailto:crced2566@gmail.com">crced2566@gmail.com</a> or fax to: 828-397-2954</b>			