

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:	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

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	
		Prior Undisciplined #	
		Prior Class 1-3 misdemeanors #	
		Prior Class F-I felonies or A 1 misdemeanors #	
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	
		Involvement in an affray #	
		Yes, without a weapon #	
		Yes, without a weapon, inflicting serious injury #	
Additional Client Information:		Yes, with a weapon #	
		Yes, with a weapon, inflicting serious injury #	
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:			

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: crcwhite@gmail.com
 RJ Assistant email: pattiferee@bellsouth.net Office No. **828-397-2566**
- 2. Juvenile Mediation (Age: 9-17) Mediation or Conciliation is held at the school 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 from 3:45-6:00 p.m. on a weekday for three consecutive weeks. (Saturday 9-4 is an option)

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

This program is funded by the Juvenile Crime Prevention Council.