



North Carolina Department of Public Safety, Juvenile Justice

Community Programs – Juvenile Justice

Juvenile's Full Name: _____ Date of Birth: _____

Name of Parent, Guardian or Custodian: _____ County: _____

I authorize the NC Department of Public Safety, Juvenile Justice (hereinafter, "JJ") and the following community Program:

Name: Conflict Resolution Center
Address: PO Box 1222/ 218A Main Ave East, Hildebran, NC 28637
Telephone: 828-397-2566

To communicate with and disclose to one another the following information relating to the juvenile named above as necessary for completion of a Risk Assessment and/or Needs Assessment for service planning and follow-up.

INFORMATION TO BE SHARED:	
<ol style="list-style-type: none"> 1. NC Assessment of Juvenile Risk of Future Offending. 2. NC Assessment of Juvenile Needs 3. Court order(s), when applicable 4. Diversion plans/contracts, when applicable 5. Other (Specify) _____ 	<p>NOTE: I authorize all of the foregoing information to be shared unless I indicate here, by number, one or more categories of information not to be shared:</p> <p>_____</p> <p>_____</p>
SIGNATURES	
Signature of Juvenile: _____ Please print Juvenile Name: _____ <input checked="" type="checkbox"/> I have the right to have a signed copy of this consent form.	Date: _____ _____
Signature of Parent, Guardian, or Custodian: _____ Please print parent/guardian/custodian name: _____ Describe authority to act on behalf of juvenile (check a box or offer other explanation): <input type="checkbox"/> I am the Juvenile's parent <input type="checkbox"/> I am the juvenile's guardian <input type="checkbox"/> I am the juvenile's legal custodian <input type="checkbox"/> Other: _____ I have the right to have a signed copy of this consent form.	Date: _____ _____
Signature of person witnessing signature: _____ <div style="text-align: center;"><input type="checkbox"/> Community Programs <input type="checkbox"/> Court Services Staff</div> Please print staff name: _____	Date: _____ _____