

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:	
County	<input type="checkbox"/> Burke <input type="checkbox"/> Caldwell <input type="checkbox"/> Catawba	<input type="checkbox"/> Burke <input type="checkbox"/> Catawba	
Program:	1. <input type="checkbox"/> Juvenile Mediation (Age: 9-17) (1.25 hours) 2. <input type="checkbox"/> Conflict Resolution Education (Age: 9-17) (4 hours) 3. <input type="checkbox"/> Restorative Circles <input type="checkbox"/> Truancy (Age: 11-17)	<input type="checkbox"/> Teen Court (Age: 11-17)	
Client Name:	Youth DOB:	Optional / 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 Of Person Making Referral		
	Phone number:	Email:	
Client Risk Score: CRC will collect data		YASI Pre-Screen Score: DJJ only	
Current Legal Status:	Problem Behaviors \ Risk Indicators:		
<input type="checkbox"/> NA/No Juvenile Justice Involvement <input type="checkbox"/> Court Counselor Consultation <input type="checkbox"/> SRO/Law Enforcement Diversion <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"/> Adjudicated Delinquent 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 (ICJ)	<u>INDIVIDUAL</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 <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 <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? <input type="checkbox"/> Yes No <input type="checkbox"/>
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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? <input type="checkbox"/> Yes No <input type="checkbox"/>
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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 <input type="checkbox"/> No <input type="checkbox"/>	What is the primary language spoken in the household?
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Does the client have an Exceptional Designation (EC or IEP)? Yes <input type="checkbox"/> No <input type="checkbox"/> unknown <input type="checkbox"/>
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List any current medical problems:	
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List all current medications:	
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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:	
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Phone Number:	
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This program is funded by the Juvenile Crime Prevention Council.

Date Referral Received by Program:	(MM – DD – YYYY)
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Restorative Circles/Mediation/CRE Class: Contact: Payton Thomas	Email: crcpthomas@gmail.com
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Teen Court/Mediation/CRE Class: Contact: Wesley Hendrix	Email: crcwhendrix@gmail.com
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Executive Director/JCPC Program Manager: Cathy Starnes	Email: crced2566@gmail.com
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Scan or email: Referralstocrc@gmail.com or crced2566@gmail.com
fax to: 828-397-2954