

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) (1.25 hours) 3. <input type="checkbox"/> Conflict Resolution Education (Age: 9-17) (4 hours)		(please select) County <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: 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"/> 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	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><u>INDIVIDUAL</u></p> <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 </div> <div style="width: 48%;"> <p style="text-align: center;"><u>INDIVIDUAL (continued)</u></p> <input type="checkbox"/> Substance Use (alcohol/drugs) <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicidal Ideation/Threats <p style="text-align: center;"><u>FAMILY</u></p> <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 <p style="text-align: center;"><u>SCHOOL</u></p> <input type="checkbox"/> Academic Failure/Behind Grade Level for Age <input type="checkbox"/> Behavior Problems: Disruptive in Class/ Referrals to Office/ Suspensions </div> <div style="width: 48%;"> <p style="text-align: center;"><u>SCHOOL (continued)</u></p> <input type="checkbox"/> Truancy/Skipping School <p style="text-align: center;"><u>PEER</u></p> <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 <p style="text-align: center;"><u>COMMUNITY</u></p> <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 </div> </div>				

Prior Adjudications:	Has the juvenile had any prior adjudications? <input type="checkbox"/> Yes No <input type="checkbox"/>			
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 Class A-E Felonies #		
Prior Assaults:	Has the juvenile had any prior delinquent complaints for Assault? <input type="checkbox"/> Yes No <input type="checkbox"/>			
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 #		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?		
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:				
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: Carroll Harris			Email: crccharris@gmail.com	
Catawba County Teen Court/CRE Class: Contact:			Email:	
Executive Director/JCPC Program Manager: Cathy Starnes			Email: crced2566@gmail.com	
Scan to crced2566@gmail.com or fax to: 828-397-2954				