



Crisis Center, Inc.

www.crisiscenterysb.org/teencourt

Teen Court Referral – Hammond Police Department

Date of referral _____

Referred by Detective or Officer _____

Contact Phone number and/or E-mail _____

Name of Respondent _____

Male Female Age _____ Race/Ethnicity _____

Parent/Guardian Name(s) _____

Complete mailing address _____

Phone Number(s) _____

Offense(s) _____

Date of offense(s) _____

Check if a police report or other documentation is attached.

Check if youth and / or parent or guardian were advised about Teen Court program.

Printable brochure (PDF) and informational video available at: www.crisiscenterysb.org/teencourt

Other Comments about the youth and incident (if any): _____

Please send this cover sheet, along with attachments to: *Gavin Mariano, Hammond-Area Teen Court Program Manager*,
in your preferred method:

U.S Mail: 101 N. Montgomery St. Gary, IN. 46403

FAX to: (219) 938-7502

E-mail attachment to: gmariano@crisiscenterysb.org

*Details and updates about cases, including compliance updates are available by contacting
the Teen Court program manager, Gavin Mariano at (219) 938-2707
-or- via E-mail at: gmariano@crisiscenterysb.org*