

- Circle Conference
- RESTORE (Petty Theft)
- ReThinking Substances
(Alcohol/Marijuana/Paraphernalia)



- Diversion
- Probation
- Municipality
- Other

WCRJ – Referral Form

YOUTH NAME: _____

DOB: _____ Age: _____ Language: _____

Address: _____

Offense/Charges: _____ Date of Offense: _____ Case/Ticket # _____

Type of Case: Alcohol/Marijuana Shoplifting Trespassing Fighting Damage to Property
 Other: _____

REFERRING AGENCY: _____

Referring Agency Point of Contact Name: _____

Email: _____ Phone: _____

Expected Termination Date: _____

Will successful completion reduce charges or dismiss case? Yes No **Other:** _____

Are any other individuals involved? Yes No If yes, are they being referred also? Yes No

PARENT/GUARDIAN NAME: _____

Email: _____ Phone: _____

Address (if different than youth): _____

VICTIM NAME: _____

Age: _____ Phone #: _____ Language: _____

Address: _____

Summary of Events:

Reason for Referral:

This program costs \$125. Will this be Self-Pay or Paid by Agency/Court? _____

NOTE: TO BE A SUITABLE CASE, THE REFERRED YOUTH MUST BE WILLING TO TAKE HIS/HER RESPONSIBILITY IN THIS MATTER. **IS HE/SHE WILLING TO TAKE RESPONSIBILITY?** YES NO

If not completed online, please send completed Referral Form to ReferRJ@YouthandFamilyConnections.org