

JUVENILE RECOVERY COURT REFERRAL FORM

 Please fill out and place in the Recovery Court mailbox

Minor's Name: _____ Referral Date: _____

Date of Birth: _____ PACT Risk Assessment Level: ☐ Low ☐ Moderate ☐ High

Parent/Residing with: _____

Address: _____

Phone Number: _____

Name of School: _____ Current Credits: _____ Attending: ☐ Yes ☐ No

Suspended/Expelled: ☐ Yes ☐ No If suspended/expelled, re-entry date: _____

If yes, reason: _____

Juvis Number: _____ Referral #of case(s) being referred to JRC: _____

Next Hearing Date: _____ In Detention: ☐ Y ☐ N

Offense(s): _____

Attorney/Phone/Email: _____

Legal Incentive for entering JRC: _____

Standard range for most serious offense: _____

Name of Insurance provider: _____

Substance Use Disorder Treatment:

Assessment: ☐ Y ☐ N Diagnosis: _____ Dates: _____

Recommendation: _____

Outpatient: ☐ Y ☐ N Where: _____ Dates: _____ Outcome: _____

Inpatient: ☐ Y ☐ N Where: _____ Dates: _____ Outcome: _____

If not completed, what were barriers? _____

Mental Health Issues: ☐ Y ☐ N If yes, Please explain:

Diagnosis: _____ Medication(s) _____

Counseling: (when and where): _____

Strengths: _____

Explain parental/guardian support: _____

What in JRC interests you? _____

RECOVERY COURT SCREENING DECISION:

Screened by: _____ Date: _____