

Youth Treatment Court Program Referral Form

Referral Agent must bring completed referral form to James Smith in the Juvenile Court Counselor's Office or contact **Sherrill Foust @ (980) 314-1962 or Erica Oxendine-Hall @ 980-314-1954**

Referral Date: _____ Disposition Date: _____

Charge(s) _____ File # _____ NC JOIN _____

Referral By: Judge _____ Attorney _____
(Name) (Name)
 GEO District _____ Court Counselor _____
(Name) (Name)

Juvenile's Name: _____
First Middle Last

Juvenile's Permanent Address: _____

Juvenile's Physical Address: _____

Telephone: _____
Home Cellular Pager

Juvenile's DOB: ____/____/____ INSURANCE: _____

Race: _____ Sex: _____

School Name and Grade Level: _____

Parent/Custodian/
Legal Guardian's Name: _____
First Middle Last

Address: _____

Telephone: _____
Home Work Cellular

Parent/Custodian/
Legal Guardian's Name: _____
First Middle Last

Address: _____

Telephone: _____
Home Work Cellular

Email Address: _____

**REFERRAL AGENT CAN SUBMIT COMPLETED FORMS TO
THE DRUG COURT OFFICE IN SUITE 4351
OR CONTACT SHERRILL FOUST @ (980) 314-1962 or Erica Oxendine-Hall @ 980-314-1954.**

(OVER)

Youth Treatment Court Program

Referral Form

List all agencies that the juvenile is currently involved with and the agency contact person:

Additional Information:

Please Attach The Following With This Referral:

1. Most Recent Court Report/Pre-Disposition Report
2. Offense Record
3. Substance Abuse History and/or Assessments
4. Most Recent Psychological Evaluation, if available
5. Risk/Needs Assessment, if available
6. GAIN- Short Screener Summary

Please be reminded that the following are **exclusionary criteria** for YTC participation:

- (1) Adjudications for violent offenses**
- (2) Psychotic disorders (ie., bi-polar, schizophrenia, IED)**
- (3) IQ below 70**
- (4) Trafficking or sale of a controlled substance**
- (5) Children who cause sexual harm**

*REFERRAL AGENT CAN SUBMIT THE COMPLETED REFERRAL
FORM TO THE DRUG COURT OFFICE IN SUITE 4351 OR CONTACT
SHERRILL FOUST @ (980) 314-1962 or Erica Oxendine-Hall @ 980-314-1954*