

Community Conferencing Referral Form

Email to Delmasw@gmail.com

Check: Informal _____ Diversion _____ Other _____
Decision Date (Day 1): _____ Incident Date: _____ Referral Date: _____
(90-day Informal Start Date)

Type of violation _____

Place of violation _____

Name of Juvenile _____

DOB _____ Race _____ Sex _____

Name of parent _____

Address _____

Ph# (Work) _____

(Home) _____

(Cell) _____

Name of victim 1 _____

DOB _____ Sex _____ Race _____

Address _____

Parent _____

Ph# (Work) _____

(Home) _____

(Cell) _____

Name of victim 2 _____

DOB _____ Sex _____ Race _____

Address _____

Parent _____

Ph# (Work) _____

(Home) _____

(Cell) _____

**for any additional names, please include additional sheets*

Check all that apply:

I have included the POLICE REPORT

I have included reports for ALL Juveniles involved in the incident

This is a Felony Referral (Signed Felony Memo Included)

Name of person making referral Ph # Shift Date