

JJSAMHP Court Counselor Referral Form

Today's Date:

Court Counselor Information

County where Complaint was filed:

District:

Court Counselor Referring Juvenile:

Phone:

Cell Phone:

Email:

Fax:

Supervisor:

Supervisor Email:

Juvenile Information

First Name:

Last Name:

Middle Name:

NC-JOIN Number (for DJJDP use only):

Payor source:

Current charges:

Gender: Male Female

DOB:

Age:

SS#:

Name of School Currently Attending:

Grade:

County of Residence:

Are interpreting services needed: Yes No

Type:

Is client currently involved with an agency? Yes No

If yes, Name of Provider:

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Parent / Guardian Information

Name of Parent/ Guardian:

Home Phone:
Best time to call:

Work Phone:
Okay to call at work: yes No

Parent / Guardian Information (continued)

Street Address:

City:

State:

Zip:

DJJSAMHP Eligible Group

Probation Protected Supervision Diversion Pre-Adjudicated

Commitment Status Post-Release Supervision Consultation Youth

Comments/Special Instructions

JJSAMHP Court Counselor Referral Form

Drug Screen needed: Yes No

Information that MUST be included with referral. Incomplete referrals will not be accepted by the provider. Risk/Needs Assessment GAIN-SS

Consent to Exchange Information with Provider

Other Relevant Documents:

Check appropriate box: Routine Priority One (detention)
Priority Two (community- placement needed)

Check all that apply:
JCPC Interventions (describe) AMI-Kids Electronic monitoring
Detention Eckerd Insight or Bridges Westcare

Comments: