Voices for Children. A child heard. A life changed.

VOICES FOR CHILDREN JUVENILE JUSTICE REFERRAL FORM

Intake By: _____ Date of Referral: _____ Courtroom: D1 D2 D5 D6 D7 D8 (Please circle, if known)

Youth's Information	CASA Manager Status:	Placement
Name: _____ Sex: _____ DOB: _____ JCM or Petition #: _____		Name:_____ Address:_____ Since: _____ Phone: _____ Relation:

Probation Officer's Name: _____ Phone: _____

HHSA Social Worker's Name (if applicable): _____ Phone: _____

Referred By: _____ Relationship: _____ Phone: _____

Language spoken: _____

What was the youth adjudicated of and when?: _____

Have they violated or committed another offense since adjudication? No_____   Yes _____ ;if Yes, please list violation/charges:

_____

Why Does This Youth Need a CASA?:

_____

_____

_____

_____

_____

_____

Please submit completed referral form, the youth's social study, and most recent probation report to CASAreferral@speakupnow.org.
Questions? Call Juvenile Justice Program Manager, Kristina Elston, at 858-598-2251