

JVOM REFERRAL FORM

Court Case # _____ Referral Date _____
Victim Offender _____ Child/ Parent _____ Juvenile Conferencing _____

Independent referral _____ Referred by: _____

VOLUNTEERS
PHONE _____

PHONE _____

YOUTH INFORMATION (Use a separate form for each offender)

NAME _____
PARENTS/GUARDIAN _____
Physical Address _____
Mailing Address _____
Telephone Number _____ **Parent's Work** _____

Age _____

Employer or School _____

Address and Phone of Parents if different from above:

Probation Officer Kevin Burke Phone 392-6767

Offense:

VICTIM CONTACT INFORMATION

NAME _____
Physical Address _____
Mailing Address _____
Telephone Number _____
If victim is under 18:
Address and Phone of Parents _____