

Juvenile Drug Treatment Court Program Referral Form

Referral Date: _____ Next Court Date: _____

Charge(s) _____ File # _____ NC JOIN # _____

Referral By: Judge _____ (Name) Attorney _____ (Name)
 ADA _____ (Name) Court Counselor _____ (Name)
 Other _____ (Name)

Juvenile's Name: _____
First Middle Last

Juvenile's Permanent Address: _____

Juvenile's Physical Address: _____

Telephone: _____
Home Cellular

Juvenile's DOB: ____ / ____ / ____

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: _____

(OVER)

Juvenile Drug 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
2. Drug Screen History
3. Comprehensive Clinical Assessment(s), Psychological Evaluation, other pertinent evaluations, assessments or reports
4. Risk/Needs Assessment, GAIN-SS, Gang Assessment
5. Most recent report card, progress report or Quick Lookup

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