



Volunteers for Youth  
(919) 967-4511  
(919) 967-4540 fax  
205 Lloyd St., Suite 103  
Carrboro, NC 27510

## Orange County Teen Court Client Referral

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

**Guardian 1:** \_\_\_\_\_ (Relationship) **Guardian 2:** \_\_\_\_\_ (Relationship)

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Victim:** \_\_\_\_\_  Restitution: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Translator: \_\_\_\_\_ (Language) Special Circumstances: \_\_\_\_\_

Other Information: \_\_\_\_\_

*To the best of my knowledge, the youth being referred is a first-time offender (or the Teen Court Coordinator has approved the referral), between the ages of 11-17, is enrolled in school, and has admitted responsibility to the above offense. I understand that this is a diversion program and that the youth will be assigned a reasonable and appropriate consequence for his or her action(s). I have explained the program to the youth and his or her family and/or given them an Orange County Teen Court brochure explaining the program.*

\_\_\_\_\_  
**Referral Source**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Referrer's Name**

\_\_\_\_\_  
**Date**

**\*Please remember to include the Investigative Report and any witness statements, video evidence, etc.\***