



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

## Orange County Teen Court Referral

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Offense: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Description of prior incidents this year (if applicable):

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### Referring Agent Statement

I have read the brochure and understand the Orange County Teen Court Program. *To the best of my knowledge, the youth being referred is a first-time offender, between the ages of 11-18, is enrolled in school, and has admitted involvement 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 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 attach a brief description of the incident or a copy of the report\***

An electronic version of this form can be found at <http://www.volunteersforyouth.org/teen-court-referral/>