

REFERRAL REQUEST

DATE:

TO: _____, Community Service Coordinator

FROM: _____, HumanServices Social Worker
Telephone Number (Extension): _____

RE: Community Service - Juveniles

Case Number(s)

Full Name - Defendant

Birthdate

Age

Address - Defendant (Street, City, State, Zip Code)

Telephone Number

Alternative Telephone Number (Parent / Guardian Work Number)

Hours of Community Service Ordered

Name - School Defendant Enrolled In

Yes No Has defendant had prior community service hours?

If Yes, where was the placement?

Yes No Did the defendant comply?

Offense(s). List the most current offense first, followed by prior offense(s).

Yes No Has the defendant ever been convicted of a felony in this state or any other state?
(Should also be listed above, if violent felony A - E crime or felony A, B, or C do not refer.)

Yes No Has the defendant ever been convicted of any sex offenses?

Social worker comments / additional information to better place this juvenile.

Which date of Petition and Order