

School Based Referral

Case # _____

Court Date: _____



Ref Case # _____

Incident Date: _____

REFERRAL TO THE SHASTA COUNTY YOUTH/PEER COURT

Name of Minor: _____ Date of Birth: _____

Name of Parents/Guardians _____
(please circle)

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Age: _____ Grade: _____ School: _____

Number in Household: _____ Female Head of Household Yes No

Offense: _____ Code: _____

Amount of Restitution Owed: \$ _____ Youth of Incarcerated Parent YES NO

Restrictions on type of work minor can perform: _____

Are there transportation issues? If so, what? _____

FOR GRANT PURPOSES ONLY please state annual family income: \$ _____

Race/Ethnicity: Check all that apply

- | | |
|--|---|
| _____ White | _____ Hispanic |
| _____ American Indian or Alaska Native | _____ Asian |
| _____ Black or African American | _____ Native Hawaiian or Pacific Islander |
| _____ East Indian | _____ Other |

I understand the potential dispositions to be assigned may include the following:

- _____ Essays (not to exceed 1000 words) or other projects
- _____ Written apology
- _____ Restitution
- _____ Jury duty (1-5 times)
- _____ Community Service (not to exceed 40 hours)
- _____ Juvenile Court Work Days (7:30 a.m. to 3:30 p.m. – not to exceed 5 days per violation)
- _____ Anger Management, Victim Awareness, Drug & Alcohol, Shoplifting,
Choices for Life Coroner’s Tour, Project SHARE (Oasis/AHS) or other classes

I agree to have my case handled by the Shasta County Youth/Peer Court. In agreeing to this, I authorize the release of all information pertaining to my case to the Shasta County Youth/Peer Court. This may include the police report, school report and/or school records. Information obtained will be used in determining the appropriate disposition of my case and for the determination of other services.

Date: _____ Signature of minor: _____

Date: _____ Signature of parent/legal guardian: _____