

Durham County Teen Court

900 Broad St .Suite B Durham, NC 27705

office :(919) 682-1960 fax :(919) 530-1907

Sabrina Cates
Executive Director

Cynthia Jett
Program Coordinator

TEEN COURT REFERRAL

Earn-It
(Theft related)

S.O.A.S.A.
(Alcohol/Drug
related offense)

Choices/Fight Fair
(Decision Making/Assault
related offenses)

Today's Date: _____

Date of Offense: _____ (Please send written report of offense)

Referred By: _____ Phone Number: _____

Youth (full Name): _____

School: _____ Grade: _____ Age: _____ DOB: _____

Juvenile Court Alternative (Teen Court): Yes M F Ethnicity: _____

Offense(s): _____ Alcohol _____ Assault _____ Curfew _____ Disorderly Conduct
_____ Fighting _____ Theft _____ Tobacco _____ Trespassing
_____ Vandalism _____ Other

If "Other" please give description: _____

Address of Occurrence: _____

Recommendations: _____

Parent/Guardian has been contacted? _____ Consent Form Completed? _____

Parent/Guardian Information

Lives with: ___ Mother ___ Father
___ Both ___ Guardian

Father: _____

Mother: _____

Address: _____

Address: _____

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Victim Information (if applicable)

Name: _____

Loss Sustained: _____

Address: _____

Amount: \$ _____

Phone: _____