TEEN COURT REFERRAL

(District Court Use Only)
900 Broad Street, suite B, Durham, NC 27705 T(919)682-1960

Completed form must be faxed to (919-530-1907) or delivered to the Teen Court Office.
All cases referred to Teen Court from District Court will be charged a $75.00 fee.

Date of Referral:_____ Next Court Date:_____

Client Information

Client's Name_____ Gender (circle): Male – Female
First Middle Last

Address_____

Telephone #:_____ Cell or alternate #:_____

DOB (MM /DD/ YYYY):_____ Race:_____

Attorney:_____ Atty. #_____Atty. Fax_____

Charge Information

(please fill out the charge information and attach a copy of the citation/warrant)

Current Charge(s) Docket # Date of Arrest

_____
_____
_____
_____

Please attach copies of the citation & warrant.

_____ _____
Defendant's Signature **Date**

_____ _____
ADA's Signature **Date**

Revised 4/08