

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-JV026

**JUVENILE DRUG COURT – JUVENILE SUCCESS TEAM (JUST)
REFERRAL FORM**

Referral Date:		CID:		J#:		DOB:	
Minor's Name:				Age:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Foster Parent/Guardian Name: <input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian							
Household's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:				Ethnicity: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other:			
Address: _____							
Street		City		State		Zip Code	
Home Phone: () -		Cell Phone: () -		Minor's Cell/Other #: () -			
Probation Status:				Adjudicated Offense(s):			
Probation:		<input type="checkbox"/> Ward <input type="checkbox"/> 654.2 WIC		Date:		1. <input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> 790.1 WIC <input type="checkbox"/> 725(a) WIC				2. <input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Dual Status		<input type="checkbox"/> Home		Facility:		3. <input type="checkbox"/> M <input type="checkbox"/> F	
Lead: <input type="checkbox"/> DPSS <input type="checkbox"/> Probation		<input type="checkbox"/> Placement				4. <input type="checkbox"/> M <input type="checkbox"/> F	
						5. <input type="checkbox"/> M <input type="checkbox"/> F	
Assigned Probation Officer Phone Number and Email:							
Name:				Title:			
Phone: () -				Email:			
Assigned Social Worker Phone Number and Email:							
Name:				Title:			
Phone: () -				Email:			