

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

RI-JV026

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

<b>Case Number:</b>	<b>Next Court Date:</b>	<b>Referral Date:</b>	<b>CID:</b>	<b>DOB:</b>	<b>Dept of Origin:</b>
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<b>Minor's Name:</b>	<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Parent/Foster Parent/Guardian Name:</b> <input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian
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<b>Household's Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<b>Ethnicity:</b> <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:
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<b>Address:</b>			
Street	City	State	Zip Code

<b>Home Phone:</b> (    )    -	<b>Cell Phone:</b> (    )    -	<b>Minor's Cell/Other #:</b> (    )    -
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<b>School Information:</b> District and Name of School:	<b>Grade Level:</b>
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<b>Probation Status:</b>			
Probation: <input type="checkbox"/> Ward <input type="checkbox"/> 654.2 WIC	Date:	<input type="checkbox"/> Dual Status <input type="checkbox"/> Home	<input type="checkbox"/> 790.1 WIC <input type="checkbox"/> 725(a) WIC
		Lead: <input type="checkbox"/> DPSS <input type="checkbox"/> Probation <input type="checkbox"/> Placement Facility:	

<b>Adjudicated Offense(s)</b>					
Petition Date:	Adjudicated Offense:	Eligible	Petition Date:	Adjudicated Offense:	Eligible
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	4.		<input type="checkbox"/> Y <input type="checkbox"/> N
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	5.		<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	6.		<input type="checkbox"/> Y <input type="checkbox"/> N

See attached for additional petitions if needed

<b>Assigned Probation Officer:</b>	
Name:	Title:

Phone: (    )    -	Email:
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<b>Assigned Social Worker:</b>	
Name:	Title:

Phone: (    )    -	Email:
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<b>Attorney:</b>	
Name:	Address:

Phone: (    )    -	Email:
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