

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-JV026

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

Case Number:	Next Court Date:	Referral Date:	CID:	DOB:	Dept of Origin:
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Minor's Name:	Age:	Identified Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Parent/Foster Parent/Guardian Name: <input type="checkbox"/> Parent <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"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:
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Address:			
Street	City	State	Zip Code

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

Adjudicated Offense(s)					
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

Assigned Probation Officer:	
Name:	Title:
Phone: () -	Email:

Assigned Social Worker:	
Name:	Title:
Phone: () -	Email:

Attorney:	
Name:	Address:
Phone: () -	Email: