

Youth Services Institute (YSI), Continuum of Care Program (COCP)
P.O. Box 870316
Tuscaloosa, Alabama 35487-0316
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REFERRAL FORM

Date of Referral: _____

Referral Source: _____ County: _____

Referral Source Contact Information: Phone Number: _____

E-Mail Address: _____

Client's Name (First, Middle & Last): _____

Date of Birth: _____ Age _____ Race: _____ Sex: _____ Social Security #: _____

Parent/Guardian: _____

Parent/Guardian Contact Information: Phone Number: _____

E-Mail Address: _____

Other agency involvement/purpose (i.e., DHR, Mental Health): _____

Current Case Status

JU Number (s): _____

Pre-adjudication

Post-adjudication/pre-disposition

Consent Decree

Informal Adjustment

No charges filed (please specify _____ None anticipated _____ Charges Pending)

Pending Charges Filed (please specify): _____

Post-Adjudication Charge(s): _____

Please list all court dates/purpose pertinent to this case: _____

Other relevant action taken to date or other notes: _____

***Include a copy of the following report/form along with the other supporting documents:**

1) **JUPITIR Report**

2) **Model Risk Assessment Instrument Form completed by Probation Officer**

****REQUEST MUST BE ACCOMPANIED BY SUPPORTING DOCUMENTS FOR CONSIDERATION, to include petitions, client's legal history, case action summary, arrest/offense report, narrative summaries of statements, pertinent court orders. If client has no legal system involvements, a narrative summary detailing the reason for the referral is required.**