

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"/> Hispanic <input type="checkbox"/> Other: | |
| Address: _____ | | | |
| Street | City | State | Zip Code |
| Home Phone: () - | Cell Phone: () - | Minor's Cell/Other #: () - | |
| School Information: District and Name of School: | | | Grade Level: |
| Probation Status: | | Adjudicated Offense(s): | |
| Probation: | <input type="checkbox"/> Ward <input type="checkbox"/> 654.2 WIC <input type="checkbox"/> 790.1 WIC <input type="checkbox"/> 725(a) WIC | Date: | 1. <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Dual Status | <input type="checkbox"/> Home | Facility: | 2. <input type="checkbox"/> M <input type="checkbox"/> F |
| Lead: <input type="checkbox"/> DPSS <input type="checkbox"/> Probation | <input type="checkbox"/> Placement | | 3. <input type="checkbox"/> M <input type="checkbox"/> F |
| | | | 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: | |