



# REFERRAL & CONSENT FORM

### RETURN TO:

Fax New Bedford Referrals to 508-991-6233  
New Bedford: Call 508-979-1580 for referral pick up  
Email: [elisasycy@gmail.com](mailto:elisasycy@gmail.com)

Fax Fall River Referrals to 508-991-6233  
Fall River: Call 508-676-8511 ext. 4554 for referral pick up  
Email Referrals to: [tswanbell77@gmail.com](mailto:tswanbell77@gmail.com)

PLEASE PRINT CLEARLY

## AGENCY REFERRAL INFORMATION

DATE: \_\_\_\_\_ REFERRING AGENCY \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## RESPONDENT INFORMATION

NAME: \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_ GRADE/House \_\_\_\_\_

SCHOOL: \_\_\_\_\_ School Contact person: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_ Parent PHONE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ Alt. Parent PHONE: \_\_\_\_\_

IS ENGLISH YOUR PRIMARY LANGUAGE? Y or N

WILL YOU NEED AN INTERPRETER? Y or N

WILL YOU PARENT/GUARDIAN NEED AN INTERPRETER? Y or N

IF YES, WHAT LANGUAGE?

## OFFENSE INFORMATION

A COMPLETE INCIDENT REPORT MUST ACCOMPANY THIS FORM.

OFFENSE: \_\_\_\_\_ DATE OCCURRED \_\_\_\_\_

Check Referral Type: \_\_\_\_\_ Youth Court \_\_\_\_\_ Brighter Futures \_\_\_\_\_ Drive Smart

If there are victims and/or witnesses to this offense their names and contact information must be provided in the report so they may be contacted and choose to testify, submit written testimony or waive participation at the hearing.

## CONSENT AGREEMENT

South Coast Youth Courts are a voluntary diversion program and we consent to participate. We understand by voluntarily participating we will not contest the accusation for purposes of participating in South Coast Youth Courts. We understand that if we fail to comply with the terms and conditions of South Coast Youth Courts including, but not limited to the initial intake, hearing participation and successful completion of all sanctions imposed by the youth jury, that this case may be returned to the referring agency for further action which may include traditional prosecution through Juvenile Court. We also understand that any other criminal activity set forth in Youth Court is not confidential. We agree to authorize the referring agency to release to South Coast Youth Courts a copy of the official incident report and any other information relevant to this case, to include but not limited to all records to ensure compliance with the imposed sanctions. For purposes of statistical data collection relative to long-term impact and compliance, records for authorize South Coast Youth Courts to access school, police and court records one year and three years post youth court completion. We understand that South Coast Youth Courts will make every effort to ensure the confidentiality of these hearings; however, we realize that this is not a criminal process, but a non-profit diversion program operated by youth. We understand that at anytime Youth Court may terminate offending respondents from the program at their discretion and that we may elect to terminate our participation in South Coast Youth Courts and this case will be referred back to the referring agency.

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Youth

Parent / Guardian

Witness