

REFERRAL & CONSENT FORM

RETURN TO:

Fax New Bedford Referrals to 508-991-6233
New Bedford: Call 508-979-1580 for referral pick up
Email Referrals to: elisascyc@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



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: _____

WILL YOU NEED AN INTERPRETER? Y or N

Do you have an IEP? Y or N

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

IF YES, WHAT LANGUAGE? _____

Are you on a 504? Y or N

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. ¹

Print: _____

Signature: _____ Youth _____ Parent / Guardian _____ Witness _____