**Client Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | [First] |       | [Last] |       |
|  | *First* | *Middle* | *Last* | *Suffix* |
| **SSN:** | ###-##-     | **School:**  | **Grade:**       |
| **Gender:** |  | **Race:**       |  **DOB:**       |
| **Address:** | [Address] | **Other Address:** |       |
|  | [City], NC [Zip] |  |       |
| **Parent/Guardian:** [Parent or Guardian] | **Relation:** [Relation] |
| **Home Phone:**       | **Cell Phone:**       | **Other Phone:**       |
| **E-Mail:**       | **Alt. E-mail:**       |

 **Referral Information**

|  |  |
| --- | --- |
| **Offense:**    | **Offense Date:**       |
| **Other(s) involved:**       | **Phone:**       |

 **Referring Agent Statement**

I, [Referring Agent Name], have read the brochure and understand the Teen Court program. I understand that Teen Court is a diversion program and that the youth will be assigned a reasonable and appropriate consequence for his/her action(s). I have explained the program to the youth and his or her family and have given them a brochure explaining the program.

|  |  |  |
| --- | --- | --- |
|  |  |       |
| **[Referring Agent Name],** **[Referring Agent Title]****[Referring Agency]** |  | **Date** |

**Participant Statement**

I acknowledge that the Teen Court program has been explained, and I understand that this case is being referred to the Teen Court program. I understand that Teen Court is an alternative to traditional court and should I fail to participate in or complete the Teen Court program successfully, my case will be sent back to the referring agent for review and further action.

|  |  |  |
| --- | --- | --- |
|  |  |   |
| **[First] [Last], Participant** |  | **Date** |

**Parent Statement**

I acknowledge that the Teen Court program has been explained, and I understand that this case is being referred to the Teen Court program. I understand that Teen Court is an alternative to traditional court and should my child fail to participate in or complete the Teen Court program successfully, his/her case will be returned to the referring agent for review and further action.

|  |  |  |
| --- | --- | --- |
|  |  |   |
| **[Parent or Guardian], Parent(s)/Guardian(s)** |  | **Date** |

*Please attach a brief description of the incident or a copy of the report if available. Completed form should be placed in Teen Court Coordinator’s inbox at the Lenoir County Clerk of Courts office.*