**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.*