

Teen Court of Lenoir County  
School Referral Form

**Client Information**

**Name:** \_\_\_\_\_  
*First Middle Last Suffix*

**SSN:** ###-##-\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Other Address:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Alt. E-mail:** \_\_\_\_\_

**Referral Information**

**Offense:** \_\_\_\_\_ **Offense Date:** \_\_\_\_\_

**Other(s) involved:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referring Agent Name & Title:** \_\_\_\_\_

**Referring Agent Statement**

I 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 Signature** \_\_\_\_\_  
**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.

\_\_\_\_\_  
**Participant Signature** \_\_\_\_\_  
**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/Guardian Signature** \_\_\_\_\_  
**Date**

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