



**REFERRAL FORM**  
**FAX REFERRALS TO: (734) 998-8453**



Date of referral \_\_\_\_\_

Date probation expires \_\_\_\_\_

**REFERRING AGENCY CONTACT INFORMATION:**

Title of referring person:     Caseworker     Hearing officer     Parent self-referral  
 Police officer     Probation office     School:     Other \_\_\_\_\_  
Name of referring person: \_\_\_\_\_ Agency: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**CHILD REFERRED:**

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Child lives with:     Mother     Father     Legal guardian     Other: \_\_\_\_\_  
Referring offense: \_\_\_\_\_  
\_\_\_\_\_  
Background information (Please include any pertinent medical conditions): \_\_\_\_\_  
\_\_\_\_\_

**CUSTODIAL PARENT(S):**    List the address where the child is currently living.

One custodial parent or legal guardian must attend with the child for the entire program.

Mother \_\_\_\_\_ Father: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

For office use only  
Date(s) contacted: \_\_\_\_\_  
Date scheduled: \_\_\_\_\_  
 Attended     Did not attend  
Rescheduled date: \_\_\_\_\_

Payment paid by:  Participant     Agency:  
Date received: \_\_\_\_\_  
Payment method:  Cash     Visa/MC     Check  
Other: \_\_\_\_\_