The Juvenile Assessment Center

community assessment program

**MAIN LOCATION: 9700 E. Easter Ln. │ Centennial, CO 80112 │ 720-213-1320**

LAW ENFORCEMENT OFFICER / COURT REFERRAL FORM

|  |  |  |
| --- | --- | --- |
| Referral Date: Click to enter date. | Case Number: (Docket or Case Report Number) | |
| Youth’s School: | Next Court Date: Click to enter date. | |
| Youth’s Name: | DOB: Click to enter date | Gender: M F |
| Parent/Guardian Name: | Phone: | Cell ☐ Home ☐ |
| Address: | email: | |
|  | charge: | |

what language does youth speak? **specify**:

what language does parent speak? **specify**:

Did referral party discuss with parent/guardian referral for assessment through the JAC?

Parents give permission to have JAC staff initiate contact?

Is the Department of Human Services involved?

**Additional Comments:**

**parents/guardians can also call us at 720-213-1320 to schedule an appointment**

Referring Professional:

Title:

Referring Entity:

Contact Email:

**Email Referrals to the Community Assessment Program: JACREFERRALS@ARAPAHOEGOV.COM**