Ref Case #_____
Incident Date: _____
Referral Date:_____

☐ School Based Referral

Case # _____
Court Date:_____

REFERRAL TO THE SHASTA COUNTY YOUTH/PEER COURT

Contact Jas at 530-244-7194 Fax: 530-244-4150 Email: jennylynn@yoshasta.org

Name of Minor: _____Date of Birth: _____

Name of Parents/Guardians_____

Address: _____

Telephone: Home:_____ Work: _____ Cell: _____

Age: _____ Grade: _____ School:_____

Offense: _____ Code: _____

Referred by (Name): _____ Email Address: _____

Phone: _____ Fax No. _____

_____ _____
Parent Signature **Student Signature**

INCIDENT REPORT

Date, what happened, names of all parties who were involved, witnesses, when and where offense/incident occurred, if restitution is requested. **Does not need to be completed if a crime report was done.**

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Please attach the student school printout/Police Report