Granville County Teen Court

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Charissa M. Puryear
Program Coordinator

Referral and Information

Date:_____

Agency Case #_____
Teen Court Case #_____

Youth (Full Name):_____
Last Name First Name M.I.

School: _____ Grade:_____ Age:_____ DOB:_____ M☐ F☐ Ethnicity:_____

Juvenile Offense(s) Please include statute: _____

Date of Offense: _____ Location of Offense:_____

Problems in previous 12 months (#) _____Court referrals _____Runaway _____Short-term suspensions

Parent/Guardian has been contacted: ☐ Yes ☐ No **Consent Form:** ☐Sent Home ☐Given to Parent

Translation Needed? ☐Yes ☐ No Language: _____

Parent/Guardian Information **Lives with:** ☐Mother ☐Father ☐ Both ☐ Guardian:_____

Father: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Mother: _____
Address: _____
City:_____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Referring Agent Statement

- **Is the juvenile admitting guilt/responsibility? ☐ Yes ☐ No**
- **Is the parent or guardian agreeing to a Teen Court referral? ☐ Yes ☐ No**
- **If a school related incident, how many days suspension/CIL did the juvenile receive? _____**
- **If incident is a fight, has the juvenile been in a fight before? ☐ Yes ☐ No**

I understand that this 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/her family.

_____ _____ _____
Referring Agent Signature **Title** **Agency**

_____ _____
Contact Phone Number **Email Address**

Parent/Child Statement

I acknowledge that the Granville County Teen Court program has been explained to and that my case is being referred to Teen Court. I am admitting guilt in order to particip in the program. I accept the referral being made to the Teen Court program. I understand that Granville County Teen Court is an alternative to traditional court. I understand tha I have the right to remain silent and to refrain from making any statement about this offense. I choose to waive my right to remain silent, I admit guilt to the charge(s) against me and I agree to participate in the Granville County Teen Court program. Should I fail to complete the Teen Court process, my case will be returned to the referring agent or to cour for entry of judgment. Additionally, I authorize Granville County Public Schools to release school report cards and suspension/cumulative folder information for my child _____to NC Cooperative Extension, Granville County Teen Court for the purpose of measuring youth school performance prior to Teen Court and upon completion of Teen Court. Granville County Public Schools will provide three grade reports and suspension reports for the end of year and midyear, (the time closest to the actual referral, the next report in sequence and a third report in sequence. Also, if new charges are filed against me I may be terminated from the program regardless of the court outcom

_____ _____
Youth Signature Date

_____ _____
Parent Signature Date

Over

Incident Information

Please complete a detailed description of the incident or attach a clear copy of the report.

Description of Incident:

_____
_____
_____
_____
_____
_____

Address of Occurrence:_____

Companion(s) Involved:_____

Victim Information (if applicable):

Name: _____

Address: _____

Phone: _____

Loss Sustained: ☐ Yes ☐ No Amount: $_____

Referring Agent:
Comments:

_____
_____
_____

Recommendations:

_____
_____

Teen Court Office Use Only

Received: _____
Intake Scheduled: ☐ Yes ☐ No If yes, date: _____
Court Date: _____