



The Juvenile Assessment Center
AT THE FAMILY RESOURCE PAVILION
9700 E. Easter Ln. | Centennial, CO 80112 | 720-213-1320

LAW ENFORCEMENT OFFICER / COURT REFERRAL FORM

REFERRAL DATE: _____
YOUTH'S SCHOOL: _____
YOUTH'S NAME: _____
PARENT/GUARDIAN NAME: _____
ADDRESS: _____

CASE NUMBER (DOCKET OR CASE REPORT): _____
NEXT COURT DATE: _____
DOB: _____ GENDER: M F
PHONE: _____

YOUTH ESL (ENGLISH SECOND LANGUAGE) Y N SPECIFY: _____

PARENT ESL (ENGLISH SECOND LANGUAGE) Y N 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 / SPECIAL REQUESTS:

YOU WILL BE NOTIFIED IF THE FAMILY YOU HAVE REFERRED DOES NOT MAKE AN APPOINTMENT WITHIN TWO WEEKS.

REFERRING PROFESSIONAL: _____

TITLE: _____

REFERRING ENTITY: _____

CONTACT EMAIL: _____

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