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**