

JUVENILE JUSTICE REFERRAL TO DCFS

Name of minor: _____ Age: _____ D.O.B. _____

DCFS Involvement: (check one)

- DCFS Intact DCP Investigation Private/Subsidized Guardianship Adoption

Reason for Referral: _____

Next Court Date: _____ Probation Officer Assigned: _____

Current Charges: _____

Convictions: _____

Mental Health Diagnoses: _____

Prescribed Medications: _____

Psychiatric Hospitalizations: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Legal Guardian's Name: _____ Date of Guardianship: _____

Address: _____ Court Appointing Guardianship: _____

Phone: _____

Efforts to Contact Family: _____

Attached Documentation (check all that apply):

- Social History Progress Report Other: _____
 Discharge Summary Substance Abuse Assessments Other: _____
 Psychological Evaluation Court Ordered Clinical Evaluation Other: _____

Date Received: _____

Revised 10/2003