

**CIRCUIT COURT OF COOK COUNTY/JUVENILE PROBATION DEPARTMENT  
INTRA-DEPARTMENTAL REFERRAL FORM**

**ART THERAPY (social, release of info. clinical/mental health reports)**

For Art Therapy, Please Identify the Presenting Issue/Therapeutic Need: \_\_\_\_\_

**COMMUNITY SERVICE (social, probation order, Department release of info.)**

Hours ordered \_\_\_\_\_ Project Repay, Hours ordered \_\_\_\_\_ for \$ \_\_\_\_\_

**ANIMAL ASSISTED THERAPY (social)**

**BRIDGES TO MANHOOD/FATHERHOOD PROGRAM (social)**

**GROUP WORK (social)**     anger mgmt.     conflict resolution     gang interv.  
 social skills     gender issues     job develop.

**IPS (social, supplemental social, clinical, IEP, arrest report, petition, YASI wheel, Addendum to Case Plan)**

**SPECIAL SERVICES/SEX ABUSE UNIT**

(social, clinical, mental health reports, school reports, police report)

**JUVENILE SEX OFFENDER UNIT**

(social, clinical, mental health reports, school reports, arrest and supplemental police reports)

**VIOLENCE PREVENTION/COMMUNITY IMPACT PROGRAM** Date minor will attend \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_ **DATE ORDERED** \_\_\_\_\_

**FAMILY/CLIENT FOLDER #** \_\_\_\_\_ **IN CUSTODY?**  Yes  No

**CALENDAR** \_\_\_\_\_ **NEXT COURT DATE** \_\_\_\_\_

**PETITION(S):** \_\_\_\_\_

**OFFENSE(S)** \_\_\_\_\_

**MINOR'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **GENDER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **APT #/FLOOR** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**FATHER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**GUARDIAN** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**GUARDIAN'S RELATIONSHIP TO MINOR** \_\_\_\_\_

**CURRENT SCHOOL (or last school attended if not currently in school)** \_\_\_\_\_

**SPECIAL EDUCATION?**  Yes  No **LAST GRADE COMPLETED** \_\_\_\_\_

**GANG AFFILIATION** \_\_\_\_\_

**LANGUAGE INTERPRETER NECESSARY?**  Client  Family Member **LANGUAGE** \_\_\_\_\_

**HAS MINOR EVER BEEN HOSPITALIZED FOR PSYCHIATRIC REASONS?**  Yes  No

**PSYCHIATRIC HISTORY/DIAGNOSIS** \_\_\_\_\_

**HAS MINOR EVER BEEN HOSPITALIZED FOR SUBSTANCE ABUSE?**  Yes  No

**MEDICATIONS MINOR IS CURRENTLY TAKING** \_\_\_\_\_

**REFERRING PROBATION OFFICER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SUPERVISOR'S SIGNATURE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

(Supervisor's Signature is required for all IPS referrals)

**FOR COMMUNITY SERVICE, PROJECT REPAY AND GROUP WORK REFERRALS, PLEASE PROVIDE**

**ANY ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR VIOLENCE PREVENTION PROGRAM**

**Minor attended (date of attendance)** \_\_\_\_\_  Yes  No

**Probation Officer** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMMUNITY SERVICE: AUTHORIZATION FOR RELEASE OF INFORMATION**

Consents to release information to community service sites must be made using the Department's Release of Information form.