

WASHOE COUNTY JUVENILE SERVICES REFERRAL REQUEST FORM

Priority

Referral Date: _____ Case No. _____ Agency _____ Officer's Name _____ Badge No. _____

Juvenile's Name (Last, First, Middle) _____ Alias/Nickname _____ Age _____ Date of Birth _____ Sex _____ Race: 1. Caucasian 2. Black 3. Asian
 Male Female 4. Nat.Amer 5. Latino 6. Other

Child's/Juvenile's Street Address _____ City _____ State _____ Zip Code _____ Home Telephone _____ Resides with _____ Social Security # _____

School Attended/Place of Employment _____ Grade _____ Guardian/Legal Custodian _____ Address _____ Home Tel. _____ Work Tel. _____

Legal Father's Name _____ Address _____ Home Telephone _____ Work Telephone _____ Cellular # _____

Legal Mother's Name _____ Address _____ Home Telephone _____ Work Telephone _____ Cellular # _____

Parent(s) Notified: Yes No
 Property loss or medical bills:
 Yes No Estimate \$ _____

Offense Date	N.R.S./ Muni Code	Offense Description	Offense Type
_____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> GM <input type="checkbox"/> MSD
_____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> GM <input type="checkbox"/> MSD
_____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> GM <input type="checkbox"/> MSD

Name of Codefendant(s)	Address	Sex	Birth Date(Mo/Day/Yr)	Referred to WCDJS or Cited
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Juvenile's Signature _____ **Date** _____