



PO Box 903/208 North Chatham Ave. Siler City, NC 27344 PH: 919.663.0116

Chatham County Teen Court Referral Form

Date of Referral: _____

Name: _____ DOB: _____ Race: _____ Sex: _____

Offense: _____ Date of Offense: _____

Offense: _____

School: _____ Grade: _____

Guardian 1: _____ (Relationship)

Guardian 2: _____ (Relationship)

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work/Cell Phone: _____

Work/Cell Phone: _____

Email: _____

Email: _____

Victim: _____ Phone: _____

Address: _____

Description of prior incidents this year (if applicable):

Referring Agent Statement

I have read the brochure and understand the Chatham County Teen Court Program. To the best of my knowledge, the youth being referred is a first-time offender, between the ages of 11-17, is enrolled in school, and has admitted involvement to the above offense. I understand that this is a diversion program and that the youth will be assigned a reasonable and appropriate consequence for his action(s). I have explained the program to the youth and his or her family and/or given them a Chatham County Teen Court brochure explaining the program.

Referral Source

Agency

Referrer's Name

Date

Please attach a brief description of the incident or a copy of the report

*** Please fax to Jeremiah McCaffity, Teen Court Program Manager at (919) 642-0164.**