

**Belknap County Restorative Justice
34 County Drive Laconia, NH 03246**

Juvenile Referral Form

Referral Source: _____
Contact: _____

Referral Date: _____
Telephone: _____

Juvenile's Name: _____
Address: _____
Telephone: _____

Date of Birth: _____
School/Grade: _____

Parent/Guardian: _____
Address (if different than above): _____
Parent/Guardian: _____
Address (if different than above): _____

Work/Cell #: _____
Work/Cell #: _____

Offense: _____

Date of Offense: _____

Victim's Name: _____
Address: _____

Telephone: _____

Is restitution included in this referral? (if so, amount and payable to whom): _____

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Youth has clearly admitted guilt to the offense |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. You think he/she is telling the whole story |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. He/She has been cooperative with you |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. His/Her family has been cooperative with you |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The Police Department has had prior contact with this youth? (If yes, please explain)_____ |

Paperwork Included:

- ☐ Police Report
☐ Defendant Statement
☐ Victim Statement
☐ Restitution Breakdown

- ☐ Juvenile Miranda
☐ Arrest Report
☐ Witness Statement
☐ Other: _____

Please check any of the following that apply to this youth. This will be helpful in determining program eligibility and placement:

- ☐ Problems at Home
☐ Problems at School
☐ Disregard of Reasonable Rules
☐ Emotional Issues
☐ Violent/Aggressive Behaviors
☐ Self Harm
☐ Other (please explain): _____

- ☐ Running Away
☐ Truancy
☐ Fire Setting
☐ Involvement with Weapons
☐ Drug/Alcohol Use
☐ Previous Court Involvement

Any recommendations for youth: _____