

YOUNG ADULT COURT

UCI ID# _____

REFERRAL FORM

SUBMIT TO: YAC@OCCOURTS.ONMICROSOFT.COM

Referrals received by Tuesday each week will be evaluated that week for admittance into this court (Department C1-CJC)

DATE SUBMITTED: _____

COURT CASE #: _____

YOUNG ADULT'S NAME: _____

PHONE #: _____

EMAIL: _____

ADDRESS: _____

DATE OF BIRTH: _____

SECONDARY/EMERGENCY CONTACT: _____

PHONE #: _____

EMAIL: _____

REFERRING ATTORNEY'S NAME: _____

PHONE #: _____

EMAIL: _____

IN CUSTODY? YES NO

If YES, in what facility? _____

If NO, on bail? YES NO

CURRENT REFERRAL CHARGE: _____

PRIOR CHARGES/CONVICTIONS (no juvenile history): _____

POST-DISPOSITION YES NO

If YES, probation identifier #: _____

NEXT COURT DATE: _____

EDUCATION:

Last grade completed: _____

Current School: _____

YOUNG ADULT'S PERCEIVED NEEDS:

Education: YES NO Financial Stability: YES NO

Housing YES NO Employment: YES NO

Food Stability: YES NO Other: YES NO

If Other, specify: _____