



SANTA CRUZ COUNTY JUVENILE PROBATION DEPARTMENT REFERRAL FORM

HOME SUPERVISION

ELECTRONIC MONITORING

Minor Name: _____ D.O.B. _____

- The minor will be visited at home _____ times a week by *Probation*.
- The minor will be visited at home _____ times a week by *OASIS*.
- The minor shall attend AA/NA/MA meetings _____ times per week.
- The minor shall be referred to / continue with _____.
- The minor and his/her guardian shall participate in individual and/or family counseling sessions _____ times per week with _____.
- The minor shall attend _____ school / enroll at _____.
- The minor shall seek / continue with employment _____.
- The minor shall submit to testing for the use of alcohol / controlled substances.
- A family assessment will be done within 72 hours of referral. Completed _____.
- The minor will participate in the following groups and activities:
 - Friday
 - Saturday

Compiled By: _____ Date: _____