



SANTA CRUZ COUNTY JUVENILE PROBATION DEPARTMENT REFERRAL FORM

Name: _____ Age: _____ D.O.B. _____

Address: _____ Phone No. _____

School: _____ Job: _____ Msg No: _____

P.O. _____ Booking Date: _____ Court Date: _____

Offense(s): _____

Special Court Orders: _____

Prior Record: _____

Substance Abuse History: _____

Mental Health History: _____

History of Violence: _____

Strengths of Minor & Family: _____

Issues of Minor & Family: _____

Mother: _____ (Eng/Span) Father: _____ (Eng/Span)

Compiled By: _____ Date: _____