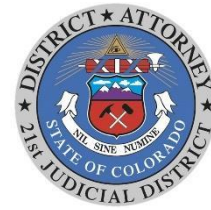




1060 Orchard Avenue
Grand Junction, Colorado



Daniel P. Rubinstein, District Attorney
Mailing: PO Box 20,000
Grand Junction, CO 81502-5031

REFERRAL

Referral Source:

- Attendance Advocate
- Med Provider
- Other SD Staff
- LE/SRO
- DHS
- Community

Date of Referral: _____ Name of Person Referring: _____

Organization Referring: _____

Email: _____ Phone: _____

Youth Name: _____ Youth DOB: _____ Youth Phone: _____

Youth's School: _____ Grade: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Phone(s): _____ Phone(s): _____

Reason(s) for Referral: (click all that apply)

- | | | |
|-----------------------------|-----------------------------|---|
| School Attendance | Fighting | Basic Needs /Community Resources Needed |
| School Disruption | Conflict with Peers | Homeless |
| Non Compliance at School | Conflict with Parents | Transportation Issues |
| Non Compliance at Home | Medical Issues | Grief & Loss |
| Suspicious of Substance Use | MH Issues | Parenting or Co-Parenting Issues |
| Running Away | Suspicious of Abuse/Neglect | Potential Criminal Activity / Charges |

Comments: _____

Classes: Rethinking Substances Opioid Education Emotional Regulation Weapons Safety Yoga/Meditation
 Weapons Safety Anger Avoidance/Conflict Resolution Life Skills Victim Empathy

If you have met with parent/guardian about this referral, please have them sign below for a sharing of information:

I hereby give permission to release this information to the District Attorney's Office of the Twenty First Judicial District of Colorado.

Printed Name: _____ Signature: _____ Date: _____

Please email this form to: jacque.berry@mesacounty.us Have questions or comments? Please call Jacque Berry at 970-255-5041 Ofc or 970-216-9860 cell.