



Empowering Youth.  
Forging Community.

Forge Evolution (formerly Colorado Springs Teen Court)  
Municipal Courthouse - 224 E. Kiowa St.  
Colorado Springs, Colorado 80903  
Phone: (719) 475-7815 Fax: (719) 385-6202

**IN OFFICE USE ONLY**

YOUTH # \_\_\_\_\_  
REV: \_\_\_\_\_  
PP/TR/MED Date: \_\_\_\_\_  
Level \_\_\_\_\_  
\_\_\_\_ Mailed \_\_\_\_ Initials

**SUMMONS POTENTIAL NOTICE AND  
PRE-ADJUDICATION SERVICES REFERRAL FORM**

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Referral Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Referral Contact: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PAPERWORK MUST BE COMPLETED AND PROVIDED TO THE TEEN COURT PROGRAM WITHIN 24 HOURS IN ORDER TO PARTICIPATE. IF NOT COMPLETED THE CASE MAY BE REFERRED TO THE COLORADO SPRINGS POLICE DEPARTMENT/EL PASO COUNTY SHERIFF'S OFFICE FOR INVESTIGATION AND ISSUANCE OF A TICKET.**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Have you ever received a **non-traffic** ticket before? No Yes Charge: \_\_\_\_\_

Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Current School: \_\_\_\_\_

**Explanation of Offense:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferred Service Requested:**

\_\_\_\_ Peer Panel \_\_\_\_ Mediation

I understand that I am responsible for completing this paperwork and contacting the agency indicated within **24 hours** of receiving this referral. **I understand there is a fee to participate in the Teen Court Program.** I understand that failure to complete the sentencing ordered by the Teen Court Program may result in a misdemeanor or petty charge and/or issuance of a ticket.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_