



## Colorado Springs Teen Court

IN OFFICE USE ONLY	
YOUTH #	_____
REV:	_____
PP/TRIMED Date:	_____
Level	_____
_____ Mailed	_____ Initials

### PREVENTION REFERRAL FORM

Date: \_\_\_\_\_

Referral Agency: \_\_\_\_\_ Referral Contact Name: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_ Referrals Email Address: \_\_\_\_\_

Forge Evolution's Correspondence will be through emails and messaging systems. It is the responsibility of the Participant and Guardian to update Forge Evolution with any changes to phone numbers, email, and/or mailing addresses provided. If you are unable to access email or the internet, please call so alternative accommodations can be made.

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

Participant Email: \_\_\_\_\_ Participant Cell Phone: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Mobile/Home Phone Carrier: \_\_\_\_\_

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

Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_ Current School: \_\_\_\_\_

Medicaid: \_\_\_ No \_\_\_ Yes If yes, Medicaid ID#: \_\_\_\_\_

Mental/Behavioral Health Services: \_\_\_\_\_

Safety Plan at school? \_\_\_ No \_\_\_ Yes (Please Attach with Referral)

#### Explanation

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I understand that by signing this document, the participant agrees to participate in the Teen Court Program and complete classes that were assigned to me. **I understand fees range from \$50 to \$500 and are required to participate in the Teen Court Program.** I understand that failure to complete the classes may result in further consequences and referral agency will be notified immediately.

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

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

***Verbal agreements are not valid and signatures are required.***

***What To Expect Next:***

- 1. The Case Manager will contact you to schedule the class(es) and complete all packets and documentation requirements.***
- 2. An email reminder will be sent the day of your class(es).*

*Any additional questions or concerns please contact [info@forgeevolution.org](mailto:info@forgeevolution.org) or 719-475-7815.*

Thank you,

Forge Evolution Staff

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