



Colorado Springs Teen Court

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

PRE-ADJUDICATION SERVICES 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 of Offense

Preferred Service Requested:

_____ Peer Panel _____ Mediation

I understand that by signing this document, the participant pleads guilty to the charge and agrees to participate in Forge Evolution's Colorado Springs Teen Court program as a pathway to expunge and seal their record. **I understand fees ranging from \$70 to \$500 are required 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 the issuance of a ticket.

Participant signature: _____ Date: _____

Parent signature: _____ Date: _____

Verbal agreements are not valid and signatures are required.

What To Expect Next:

1. Please download the participant packet **OR** ask the officer to provide one to you.
 - a. The Packet can be downloaded at www.forgeevolution.org/forms
2. You will receive a phone call from Forge Evolution once the Referral has been received by staff.
 - a. A date for Peer Panel Sentencing will be provided to you.
 - b. Please note Peer Panels occur **ONLY** on TUESDAYS at 4:30.
 - c. The **ONLY** fee due at Peer Panels is the Court FEE of \$70.00.
3. Email the completed packet one week prior to your child's Peer Panel Date.
 - a. If unable to access email, please inform Forge Evolution for alternative accommodations.
4. An email reminder will be sent the day of your child's Peer Panel.

Any additional questions or concerns please contact info@forgeevolution.org or 719-475-7815.

Thank you,

Forge Evolution Staff

224 E. Kiowa Street
Colorado Springs, Colorado 80903
Phone: (719) 475-7815 Fax: (719) 385-6202
info@forgeevolution.org