



COOS COUNTY JUVENILE COURT
DIVERSION REFERRAL

Referred By:
Address:
Telephone:

Case #:
Date Received:
Date Closed:

When making a referral to JPPO Supervisor or CCJCD, please include the following information as applicable: victim statement, statement of loss, teacher statement, police report, any other pertinent information that may assist in the facilitation of this case.

ABOUT THE OFFENDER

First Name: Last Name: Middle Init.
Date of Birth: Gender: Male Female
Race: White Hispanic African American Native American Asian Alaskan Native Black
Pacific Islander Other Single Race Two or more races Unknown
Ethnicity: Hispanic Non-Hispanic N/A
Address:
City/State/Zip:
Telephone: (Home) (Cell) (Work)
Grade: 8 9 10 11 12 Other Not in School
School:
Employer:
Was the juvenile petitioned into court for this offense? Yes No
Was the juvenile arraigned? Was the juvenile Adjudicated?
List the offense(s):

Date of the offense(s): Level of offense(s):

Write a brief summary explaining the nature of the offense and/or include the police report:

Parent/Guardian Name(s)

Parent/Guardian(s) contact information if different than the Offender:

Address:

City/State/Zip

Telephone: (Home) (Cell) (Work)

Were other offenders involved in committing this crime? Yes No If yes, and the other offenders are also being referred to the CCJCD Program, please list the names of other offenders below and complete another form for each offender: