

NEWARK YOUTH COURT REFERRAL FORMSend completed form to: **Newark Youth Court**

Phone: (973) 733-6690

Email: newarkyc@courtinnovation.org

Fax: (973) 900-8818

SECTION I: YOUTH

Eligibility requirements: Youth agrees the incident took place. (Youth Court is not fact-finding.)
 Youth does not self-identify as gang-involved.
 Youth is not currently running away from home.

Name: _____ Grade: _____ DOB: _____

School: _____ Primary Phone: _____

SECTION II: PARENT/GUARDIAN

Name: _____ Relationship to Respondent: _____

Address: _____ Zip code: _____

Primary Phone: _____ Alternate Phone: _____

Does Guardian Speak English? _____ If No, Primary Language? _____

Has the parent/guardian been informed of this referral? (Please check) Yes No (If "No," the Youth Court will contact the parent/guardian directly and explain the referral.)**SECTION III: INCIDENT**

Top Charge (if applicable): _____ Date & Time of Incident: _____

Description of Offense(s): _____

Consequence if not compliant with Youth Court: _____

SECTION IV: REFERRAL CONTACT INFORMATIONSelect referral source: School Newark Police Dept. Juvenile Probation Family Court Other

Contact Person and Title: _____

Phone Number: _____ Email: _____