

**19TH JUDICIAL CIRCUIT OF MISSOURI
JUVENILE COURT SERVICES**

(573) 636-5177 Fax: (573) 634-5162

JUVENILE REFERRAL FORM - NON-LAW ENFORCEMENT

JIS Referral # _____

PFC Staff Receiving Report Signature: _____

Juvenile Name: (Last)		(First)	(Middle)	DOB	Age	Sex	Race	SSN/DCN
JIS ID:		Alias:						
Height	Weight	Hair Color	Eye Color	Name of School JIS ID:			Grade	
Address					County of Residence		Place of Birth	
Mother JIS ID:		Address			Home Phone		Work Phone	
Father JIS ID:		Address			Home Phone		Work Phone	
Mother's SSN	Mother's Date of Birth		Father's SSN		Father's Date of Birth		Are parents married to each other? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Custodian JIS ID:		Address			Home Phone		Work Phone	
Type of Offense(s) Committed		Location of Offense(s)			Date and Time Committed			
Other(s) Involved		Address					Phone	
Victim's Name JIS ID:		Victim's Address			Home Phone		Work Phone	

Details of Incident: I, _____, by signing this referral swear and attest that this information provided is the truth and under penalties of making a false declaration or false report I state that the above named juvenile committed one or more criminal offenses, status offenses or has been abused and/or neglected; and I hereby state the facts supporting the allegation(s) as follows:

See attachment

Signature of Reporting Party	Reporter's Printed Name	Reporter's Agency/Relationship		Report Date
		Parent <input type="checkbox"/>	Relative <input type="checkbox"/>	
		School <input type="checkbox"/>	DSS-CD <input type="checkbox"/>	
		Victim <input type="checkbox"/>	DJO <input type="checkbox"/>	

Did you refer this child to any agency for this reported conduct? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, Agency referred to (circle): DSS-CD <input type="checkbox"/> JCPD <input type="checkbox"/> CCSO <input type="checkbox"/> MSHP <input type="checkbox"/> Other: _____	Date Referred
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*** FOR PFC PERSONNEL USE ONLY!! ***

DRUG SCREEN? YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/>	ALCOHOL SCREEN? YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/>	SASSI ADMINISTERED? YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/>
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