

## JUVENILE DIVISION REFERRAL FORM

**RECEIVED BY:**

☐ Telephone  
☐ Walk-In  
☐ Letter  
☐ Other

**NATURE OF COMPLAINT:**

☐ Abuse ☐ Behavior  
☐ Neglect ☐ Other  
☐ Truancy

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

Juvenile Name: \_\_\_\_\_  
First Middle Last (Nicknames, if any)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Sex: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_

Health Concerns/Prescribed Medications/Mental Health Diagnosis: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Custody: Mother/Father/Joint/Other \_\_\_\_\_

Physical Custody: Mother/Father/Joint/Other \_\_\_\_\_

Mother: \_\_\_\_\_  
First Middle Last Date of Birth Home Phone #

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Marital Status: Married / Divorce / Single / Widow

Father: \_\_\_\_\_  
First Middle Last Date of Birth Home Phone #

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Marital Status: Married / Divorce / Single / Widow

**Sibling (s)**

<b>Full Name:</b>	_____	<b>Age</b>	_____
<b>Full Name:</b>	_____	<b>Age</b>	_____
<b>Full Name:</b>	_____	<b>Age</b>	_____
<b>Full Name:</b>	_____	<b>Age</b>	_____

**Complainant:** \_\_\_\_\_  
                            **First**                            **Middle**                            **Last**

**Details of Complaint :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DJO Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Deputy Juvenile Officer**                            **Date**

**NOTE: PURSUANT TO SECTION 487.170.2 RSMo, A \$30.00 FEE WILL BE ASSESSED ON CASES THAT COME UNDER THE JURISDICTION OF THE COURT. PAYMENT IS REQUIRED AT DISPOSITION AND DISPOSITION MAY BE MADE AT THE TIME OF THE INTAKE CONFERENCE.**