

# **JUVENILE REFERRAL FORM TO CASE MANAGEMENT**

## **YOUTH INVESTIGATIONS DIVISION - CHICAGO POLICE DEPARTMENT**

**INSTRUCTIONS:** To be prepared by the processing detective when completing a station adjustment, with a referral to case management services. Upon completion, this form is to be scanned and emailed to the case management agency.

### **BACKGROUND INFORMATION**

**Youth:**

Last Name		First Name	DOB (DD-MM-YYYY)
CB#	Arrest Date (DD-MMM-YYYY)	Home Address	District of Residence
Grade	School Name	Youth's Phone Number	
District of Arrest			

**Adult Picking  
Up Youth:**

Adult's Name (Last Name, First Name)	Relationship to Youth
Adult's Home Address	Adult's Phone <input type="checkbox"/> Called & Verified

**Parent or  
Guardian:**

Name of Parent or Guardian (Last Name, First Name)	Relationship to Youth
Home Address of Parent or Guardian	Phone - Primary <input type="checkbox"/> Called & Verified
Second Address of Parent or Guardian	Phone - Secondary <input type="checkbox"/> Called & Verified
Email of Parent or Guardian	Email of Parent or Guardian - Secondary
Is the first language of the parent/guardian Spanish?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **SUMMARY**

**Comments and/or  
Recommendations:**

**Detective:** \_\_\_\_\_ **Date/Time Completed:** \_\_\_\_\_  
Detective Signature/Star #

**Reminder:** Upon completion, scan and email this form.