



Prince George's County Circuit Court New Direction Youth Diversion Program Referral Form

Please email referral form to Kimberly Short, Coordinator at kmsshort@co.pg.md.us , Office #: (301) 952-2336

Participant's Name: _____ Age: _____ DOB: _____

Sex: Male Female Race: _____

Address: _____

Contact Phone#: _____

PARENT/LEGAL GUARDIAN

Name: _____ Parent Legal Guardian

Address: _____

Contact Phone #: _____ Home Cell Work

LEGAL

Offense/Pending Offenses: _____ Date of Offenses _____

Date of Pre-Court Supervision Agreement: _____

SCHOOL

Presently Enrolled: No Yes (If Yes, Name of School: _____)

Present Grade: _____ If not in school last grade completed and year: _____ Grade _____ Year

Special education services? No Yes If yes, what intensity? _____

Interested in GED Services? No Yes

SUBSTANCE USE

Ever had a substance abuse assessment? No Yes

If so, what was the recommendation? _____

Previous Treatment No Yes (If Yes, Where & When: _____)

Type of drug(s) used, frequency and date of last use: _____

Do you have medical insurance? No Yes If yes, what is the name: _____

Is there any information the program needs to be aware of: _____

Person Completing Form

Agency

Date

Phone #

Fax #

Email Address