



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

Please email referral form to Kimberly Short, Coordinator at  
[kmshort@co.pg.md.us](mailto:kmshort@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