

THIRD DISTRICT JUVENILE COURT WORK PROGRAM REFERRAL

Please complete all information accurately. Incomplete referrals will not be accepted..

Court Case #: _____ Date of Birth: _____ Male _____ Female

Juvenile's Name: _____

Street Address: _____

City: _____ Zip Code: _____ Phone #: _____

Interpreter needed? If so what language?

SCHOOL INFORMATION

Are you attending school? _____ School Name: _____

School Begins at what hour? _____

School is Dismissed at what hour? _____

PARENT/GUARDIAN INFORMATION

Parents/ Guardians Name: _____

Father's work # _____ Father's Cell # _____

Mother's work # _____ Mother's Cell # _____

Interpreter needed? If so what language?

Emergency Contact if parents are unavailable: _____ Phone #:

Relationship to Juvenile: _____

COURT OBLIGATIONS/ORDERS:

RESTITUTION OWED _____ DUE DATE

WORK HOURS _____ DUE DATE _____

Youth may not work off money owed to Crime Victims Reparations or insurance companies.

CO-DEFENDANTS and/or NO CONTACT ORDERS:

STATE SUPERVISION: YES [] NO []

PSRA Date _____ Check One High _____ Mod _____ Low

SPECIAL NEEDS OF YOUTH

i.e. (Physical or mental medical condition, medication taken, etc. . .)

Court/Agency Workers Name: _____ **Phone #** _____

*****PLEASE HAVE PARENT/GUARDIAN COMPLETE THE NEXT PAGE*****

Youth's Social Security Number:

I/We understand that if a valid Social Security Number is not provided above and my child requires medical attention while on the work program, my child might not be covered by Workman's Compensation.

Release of Liability

We, the parent (s) or legal guardian (s) of _____ agree to allow said juvenile to participate in all work programs sponsored by the Third District Juvenile Court. We release the Third District Juvenile Court and all participating work sites from any and all liability claims. Furthermore, we authorize the personnel of Juvenile Court to take our child to medical facilities for care should the need arise.

Media Release

Checking agree under Media Release allows youth to be photographed and/or interviewed by the media while participating on the Court's Work Program.

Agree _____
Disagree _____

Search and Seizure

Juveniles will be subject to searches upon reporting for work, upon entering a vehicle, or at the discretion of Court personnel. By participating in this program the youth and parents/guardians consent to searches and seizures conducted by Juvenile Court personnel.

Alternative Transportation Permission Slip

As parents / guardians we give Third District Juvenile Court Permission to allow our child to (check all that apply):

_____ Ride the UTA bus, Trax, bicycle or walk home from the 7th West Work Program building or from work sites. The work sites vary daily. If the site is near the youths home we will allow them to leave from the site. If child rides the UTA bus or trax, parents need to provide bus money and inform youth of the correct bus route and schedule.

_____ To be picked up at the end of the work shift at the 7th West Work Program building. If the youth is not picked up by 8:15pm during the week or 3:45pm on Saturday they will be transported to the Juvenile Receiving Center at 177 W Price

Av.3610S.

If there is anyone that is specifically not allowed to pick up your youth notify us ahead of time.

I/we have read and understand the above statements regarding Social Security Number, Release of Liability, Media Release, Search and Seizure, and Transportation. Further, I understand that it is my responsibility to notify the court work program of any medical condition which could affect this youth's health or behavior prior to enrollment in the Work Program.

Parent/Guardian: _____ Date: _____

Juvenile: _____ Date: _____

Please return form to: **Third District Juvenile Court, W26 Matheson Courthouse, 450 S. State or mail to PO Box 140431, SLC UT 84114-0431 ATT: Work Program.** Questions call Nicole Keith 238-7723 or Shane Kibler 238-5987