

DIVERSION SERVICES REFERRAL FORM

Effective June 1, 2021

Date Referred:			
Locality:	☐ Caroline Co	☐Spotsylvania Co.	☐ King George Co
	☐ Stafford County	Fredericksburg	☐ Other:
Referring Agency:	☐ CSU / J&DR ☐ Sch	ool Social Services	Other Agency:
**Please add copies of Diversion contract	 ☐ Restorative Justice Larceny – Diversion (RJL-D) (4 classes, Mondays 6-7:30 pm, begin first Monday of Month offered every other month beginning in August) ☐ Restorative Justice-Larceny with up to 8 hours Community service.		
Juvenile Name			
Gender:	☐ Female ☐ Male	DOB:	JTs#
Full Address:			
Primary Phone:		cell p	phone home phone
Primary email:			
Race:	☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other		
Parent/Guardian (P/G):			
P/G Address:			
P/G Primary Phone:		cell p	hone \square home phone
Violation/VC code:			
Diversion deadline date:	Date ordered:		
CSU officer:	contact number:		
Faxed/Referred by:	contact number:		
Comments:			