

# Salt Lake Peer Court

645 South 200 East #101 SLC, UT. 84111  
(801) 322-1815 Fax: (801) 322-4498

Kathleen Zeitlin  
Program Director

## REFERRAL

Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Offenders Full Name: \_\_\_\_\_ M F

Offense(s): \_\_\_\_\_ Offense Date: \_\_\_\_\_

Alcohol	Assault	Curfew	Disorderly Conduct
Fighting	Shoplifting	Tobacco	Theft
Truancy	Vandalism	Other	

**Juvenile Court Alternative** ☐ yes ☐ no

Referred by : \_\_\_\_\_ Address of Occurrence : \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_

Parent/Guardian has been contacted : Yes \_\_\_\_\_ No \_\_\_\_\_

Brochure : ☐ Sent Home ☐ Given to Parent ☐ Translation needed \_\_\_\_\_  
Language

### Parent/Guardian Information

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP \_\_\_\_\_

ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Victim Information : [if applicable]

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Loss Sustained: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_