



Community Conferencing Program
Department of Juvenile Services

REFERRAL FORM

Date of Referral: _____ DJS Identification No# _____

DJS OFFICE LOCATION : _____

Respondent #1

Complainant

Name _____ DOB _____

Name _____ DOB _____

Parent/Guardian Name _____

Parent/Guardian Name (if Applicable) _____

Address _____

Address _____

Day phone _____ Cell phone _____

Day phone _____ Cell phone _____

Other phone _____

Other phone _____

Complainant #2 -or- Respondent #2

Name _____ DOB _____

Parent/Guardian Name _____

Address _____

Day phone _____ Cell phone _____

Other phone _____

Brief Incident Description

Blank lines for incident description

Case Manager: _____

Phone ext: _____

Email: _____

Referring Intake Officer: _____

Phone: _____

email: _____

Instructions: Complete and fax to 410-663-7008 -or- email mfae@crcbaltimorecounty.org -or- jrbayer@crcbaltimorecounty.org Someone familiar with case MUST be available for further info if needed. Use additional pages if necessary to include ALL complainants/respondents. You will receive an email confirmation that we have received your referral! If you do not receive such, call or email CCP asap. This means we did not receive your referral. Thank you for your referral! We are happy to help.