



Community Conferencing Program
MD 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

DATE OF INCIDENT: _____

Case Manager: _____

Phone ext: _____

Email: _____

Referring DJS Staff: _____

Phone: _____

email: _____

Instructions: Complete, and Email to: conferencing@crcbaltimorecounty.org -OR- Fax: to 410-500-5189. 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 within 24 hours stating 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.