



Community Conferencing Program

STATE'S ATTORNEY'S OFFICE FOR BALTIMORE COUNTY

Date of Referral: \_\_\_\_\_

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

circle one: ACTUAL or ANTICIPATED

SAO Identification No# \_\_\_\_\_

Respondent #1

Complainant

Name \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ RACE \_\_\_\_\_

DOB \_\_\_\_\_ RACE \_\_\_\_\_

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 \_\_\_\_\_ RACE \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Day phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Other phone \_\_\_\_\_

Brief Incident Description

DATE of INCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring ASA: \_\_\_\_\_

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

email: \_\_\_\_\_

**Instructions:** Complete, Email to: [conferencing@crcbaltimorecounty.org](mailto: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 us ASAP. This means we did not receive your referral. Thank you for your referral! We are happy to help.