



Ogle County Reporting Center

Juvenile Probation Office Referral Form

3279 Hwy, 251 North, Rochelle Phone: 815-562-5881 Fax: 815-562-5653

This form is to be filled out by the Probation Officer. This form must be filled out and sent to the Program Coordinator prior to the individual attending the Ogle County Reporting Center. Please fax this form to 815-562-5653.

INFORMATION ON MINOR					Client #
Name					
Address Line 1					
Address Line 2					
		City: Mt. Morris	State: IL	Zip:	
Phone Number		Birth Date:			
Resides with Parent/Guardian: Name/relationship					
School Attending	Possible:			Grade	
PARENT/GUARDIAN INFORMATION					
Name					
Address Line 1					
		City	State	Zip	
Day Phone		Work Phone			
Emergency Contact Name/relationship		Phone			
REASON FOR REFERRAL					
Failure to attend school/follow school rules		(+) Drug Screen (+) for			
Failure to report to probation as directed		Other			
LENGTH OF TIME					
15 Days		30 Days		45 Days	Other
Minor's Current Legal Status		Minor's Next Court Date			20 Days
CURRENT INVOLVEMENT IN COUNSELING/TREATMENT					
Name of Treatment Agency/ Counselor					
Current Medications					
**Additional information that would be helpful with monitoring this minor (ex. Poor eye contact/social skills, low mental ability, PTSD/victim of abuse etc....)?					
PROBATION OFFICER INFORMATION					
Name of Probation Officer					
DATE of REFERRAL:					