



Lakes Area Youth Service Bureau  
 244 North Lake Street  
 Forest Lake, MN 55025  
 Phone: 651 464-3685 Fax: 651 464-3687

**WASHINGTON COUNTY DIVERSION REFERRAL FORM**

ICR # \_\_\_\_\_ Date \_\_\_\_\_  
 Juvenile's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex M F  
 Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone Number with area code \_\_\_\_\_  
 Mother's Work (\_\_\_\_\_) \_\_\_\_\_ Father's Work (\_\_\_\_\_) \_\_\_\_\_

- It is the responsibility of the juvenile or the juvenile's parents to contact the Youth Service Bureau within three days to schedule an intake appointment for the program(s) indicated below.
- Parental participation is an important part of the Community Justice Program. Parents are required to participate in select program components.

Referred By (print) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dept./Agency \_\_\_\_\_ Date of Offense \_\_\_\_\_  
 Offense \_\_\_\_\_ Level of Offense \_\_\_\_\_

**Select the services requested:**

There is a fee for classes/services provided. Please contact the Youth Service Bureau for specifics.

\_\_\_\_\_ **Community Justice Program**  
 (Includes: Educational Class, Community Panel, and Community Work Service or equivalent YSB prevention activity.)  
 \_\_\_\_\_ Chemical Awareness \_\_\_\_\_ Tobacco Awareness  
 \_\_\_\_\_ Choice & Consequence

\_\_\_\_\_ **Educational Class Only**  
 \_\_\_\_\_ Chemical Awareness \_\_\_\_\_ Tobacco Awareness  
 \_\_\_\_\_ Choice & Consequence

\_\_\_\_\_ **Community Work Service Only** Hours requested: \_\_\_\_\_

\_\_\_\_\_ **Restitution** Amount \$ \_\_\_\_\_ Payable to: \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_ **Teen Intervene**  
 (A 4-6 session, one-on-one chemical program designed to help teenagers at risk for chemical abuse or dependency. Participants will be asked to examine their use and make goals for reducing or quitting.)

\_\_\_\_\_ **Counseling** Is the family requesting counseling services? Yes No

\_\_\_\_\_ **Twelve & Under Program**  
 (Participants under the age of 12 complete a 5-session counseling program, which includes discussion on making choices, how their actions affected themselves and others and learning skills to prevent further offenses.)

- Please enclose a copy of the police report with each referral  
 White copy – referring agency    Yellow copy – Youth Service Bureau    Pink copy – juvenile's parents

