

RED DEER YOUTH JUSTICE COMMITTEE SIGNATURES

c/o Community Corrections 4920 - 51 St, Red Deer, AB T4N 6K8

YOUTH SIGNATUI

COMMITTEE		403-340-5180)	
ASSESSMENT/COUNSELLING R	EFERRAL		DATE.	
YOUTH NAME	DATE OF BIRTH		_	
ADDRESS	<u> </u>		WITNESS TO YOUTH SIGNATURE.	
	TRANSPORTATION?	YES NO		
PHONE (RES)	IN SCHOOL?	YES NO	DATE.	
PHONE (CELL)	IF YES, SCHOOL NAME			
			YJC FOLLOW UP PERSON.	
NAME OF PARENT/ GUARDIAN OF YOUTH			_	
CONTACT INFORMATION IF DIFFERENT FROM YOUTH			_ DATE.	
			=	
YOUTH JUSTICE COMMITTEE MEMBER				
COMMITTEE MEMBER CONTACT NUMBER			ADDITIONAL NOTES	
CLOSING DATE OF AGREEMENT WITH YJC				
REFERRAL AGREEMENT				
The above mentioned youth has been referred to:				
CATHOLIC SOCIAL SERVICES				
AADAC (Alberta Alcohol and Drug	Abuse Commission			
OTHER				
for ASSESSMENT/PROGRAM Referral as a sanction under	-	_		
authority of the Attorney General and Lieutenant Govern	ner in Council fo th province of Alb	perta.		
The Youth Justice Committee member will be contacting you for verification that the above named person has complied				
with the requirement to see assessment/assistance or is	in the process of doing so.			
By signing this agreement, the above mentioned youth a				
appropriate and to fully participate in any program your		,		
and/or all information release forms required, in order the	nat the Supervisor/Service Provide	er or Youth Justice Committee		
Member may verify that the Sacrtions Agreement has be	en complied with			

WE REQUIRE NO DETAILS OF WHAT IS DISCUSSED, recognizing the client/caregiver privelege that exists.