Criminal Court	Family Court	Probation
Legal Aid	ACS	Other
Parent	School	OCFS

Referral Source

Uth TURN

New York Theological Seminary
475 Riverside Drive, Suite 500
New York, NY 10115
(212) 870-1255

REQUEST FOR SERVICE

(Please Type or Print Clearly)

Date of Referral_____

Youth Name:_____

Preferred Language Spoken:_____ Other Languages:_____

Date of Birth:_____ Gender: M F Age:_____

Current Placement:_____
(If currently detained)

Home Address:_____ _____ _____
Street City Zip

Parent/Guardians(s): _____
(Mother/Father/Guardian) last name first name

(Mother/Father/Guardian):_____
last name first name

Is parent proficient at communicating in English? Y N If no, is interpreter needed? Y N

Telephone Home:_____ Work/Alt:_____

Is Parent/Guardian aware of referral? _____ Yes _____ No
Major Issues facing young person (check all that apply):
_____ gang involvement _____truancy/school behavioral issues
_____ substance abuse issues (sales and/or use) _____fighting/anger management
_____ emotional/mental health issues _____ all above
_____ other high risk behavior_____

Juvenile/Criminal Charge:_____ First Arrest? Y N Next Court Date:_____

Lawyer Name/Number:_____

Docket #:_____ Borough/Court/Judge_____

Referral Source:_____
Staff Name Agency Phone

Facilitator Referred:_____