



1601 Washington Road | Westminster, MD 21157 | carrollcc.edu

Community Conferencing Referral Form

Department of Juvenile Services

Community Conferencing of Carroll County | 255 Clifton Blvd., Suite 311, Westminster, MD 21157
410-386-8161 | CCOCC@carrollcc.edu | wwood2@carrollcc.edu

Check: ☐ Informal ☐ Diversion ☐ Other

Decision Date (Day 1): _____ Incident Date: _____ Referral Date: _____

Type of violation: _____

Place of violation: _____

Name of Juvenile: _____

DOB: _____ Race: _____ Sex: _____

Name of parent: _____

Address: _____

Work Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Name of Victim #1: _____ Name of Victim #2: _____

DOB: _____ Sex: _____ Race: _____ DOB: _____ Sex: _____ Race: _____

Address: _____ Address: _____

Parent/Guardian: _____ Parent/Guardian: _____

Work Phone #: _____ Work Phone #: _____

Home Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

For any additional names, please include additional sheets.

Check all that apply:

☐ I have included the POLICE REPORT

☐ I have included reports for ALL Juveniles involved in the incident

☐ This is a Felony Referral (Signed Felony Memo Included)

Name of person making referral

Phone #

Shift

Date