Perry Multi County Juvenile Facility 1625 Commerce Drive New Lexington, Ohio 43764

Phone: (740) 342-9700 Fax: (740) 342-9701

Referral Packet

Youth Name: _			D.O.B.:			
	Last	First	M.I.			
Age:	Race:	Gender:	Offense:	Degree:		
O.R.C. Number	:	_	S.S.N			
Committing Co	unty:		_ P.O	P.O		
P.O. Phone Nu	mber:		_ P.O. Addre	P.O. Address:		
Youth's Guardi	an:		Relationship	Relationship to Youth:		
	Currently in Many days halays prior disp	Detention?	es □No a detention? Number of o	days after disposition		
Offense: _ Age of Vio	etim:	O.R.C.#: _ _ Was a wea	apon involved? [Degree: n involved? Yes No of offense? No		
3. Were there	other concurre	ent offenses for	which there was	adjudication?		
	uding the prev	iously listed mo	st serious offens	ffenses adjudicated as part of this se) F1 F2 F3 F4		
_	-	_	_	d concurrent offenses):		
6. Most serious Secure Pl DYS com Not Appli	acement mitment	Probation _	_	ment to this facility er-Please Specify		

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7. Age of first arrest: Years:Months Age of First Adjudication Years:Months_							
8. Is the youth currently in counseling at the time of placement: Where? Therapist Name: Was a psychological administered? Yes No Please have copy upon admission to facility.							
9. Has the youth had prior suicide attempts? Yes No							
10. Does the youth have any prior sexual assault? Victim? Yes No Please explain:							
11. Does the youth have any gang involvement? Yes No							
12. Please indicate any family involvement in the criminal justice system:							
13. Please indicate family involvement in child protective services:							
14. History of youth substance use/abuse: Yes No Explain:							
15. History of family substance use/abuse: Yes No Explain:							
16. Has the youth received treatment for substance abuse? Where: When:							
17. If not incarcerated a drug test has been administered: Results?							
18. Is the youth on prescription medication? Yes No Name and dosage: Reason for prescription:							
19. Please indicate any medical issues/concerns for the youth:							

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20. What is the youth's sch	ool of record?	Current Grade Level:					
21. Does the youth have an IEP? Yes No For: Behavioral Learning Disability Please have a copy upon admission to facility							
	havioral problems in sci to the best of your knowl nes Truant:	ledge:	No Expelled: Times				
23. Are there any contact in			•				
·	·		Multi County Juvenile Facility?				