



Law Program Referral Form

Date of Referral: _____ Person Making Referral: _____

Referring Offense(or reason for referral): _____ Probation Status (i.e. general): _____

Probation Officer Name: _____ Probation Officer Phone: _____

Probation Officer E-mail: _____

YOUTH INFORMATION

Youth Name: _____
First M.I. Last

Date of Birth: ____/____/____ Gender: _____ Primary Race/Ethnicity: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School: _____ Petition/Case Number: _____ Next Court Date: _____

List any programs the youth is currently participating in (i.e. JTC, DEJ, Aftercare, etc.): _____

Does the youth need to complete community service hours? If so, how many? _____

FAMILY INFORMATION

Guardian Name: _____ # of people in household: _____

Guardian Cell Number: _____ Guardian Home Number: _____

Head of Household (circle one): Male Female Yearly Household Income: _____

Emergency Contact Information: _____

Other Notes/Areas of Concern: _____

What site would the youth like to attend? (Circle 1):

Del Mar (West San Jose)

Hank Lopez (East San Jose)

Andrew Hill (South San Jose)

Thank you for your referral! Please fax completed referral forms to: 408-263-2631 (Fax)
Please feel free to give us a call or email if you have any questions or concerns!
Phone: 408-780-6474 Email: geda@flyprogram.org