

## Alameda County Law Program Referral Form

Date of Referral:	Person Making Referral:		_
Referring Offense (or reason for referral): _	Probat	ion Status (i.e. general):	
Probation Officer Name:	Probation	Officer Phone:	
Probation Officer E-mail:		-	
YOUTH INFORMATION			
Youth Name:	M.I.	Last	
Date of Birth://	Gender: Primar	ry Race/Ethnicity:	
Address:	City	State	Zip Code
Home Phone: Cell F	Phone:	Work Phone:	
School: Pe	etition/Case Number:	Next Court Date:	
List any programs the youth is currently participating in:			
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 (check one): Mal	e Female Yearly	Household Income:	
Emergency Contact Information:			
Other Notes/Areas of Concern:			

Please check the Law Site you are referring your youth to attend:

Berkeley Youth Alternatives (BYA) - 1255 Allston Way, Berkeley, CA 94702 Youth Employment Partnership (YEP) - 2300 International Blvd, Oakland, CA 94601

Please submit completed referral forms to <a href="mailto:aclawreferral@flyprogram.org">aclawreferral@flyprogram.org</a> or 510-382-1072 (Fax).

Please feel free to give us a call or email if you have any questions or concerns!

Phone: 510-813-6691 Email: <a href="mailto:trevor@flyprogram.org">trevor@flyprogram.org</a>

Thank you for your referral!