KING COUNTY SUPERIOR COURT
Juvenile Court Services

JUVENILE JUSTICE ASSESSMENT TEAM REFERRAL FORM

Referral Date:	**Next Hearing Date**	**Hearing Type:**	**Date Needed:**
Type of Assessment: **{ } SUD Assessment** **{ } Behavioral Health** **{ } Psychological*** **{ } Psychiatric*** **{ } Consult** **{ } Other_____**	**Special Issues:** **{ } Drug Court** **{ } ARY { } CHINS** **{ } Truancy** **{ } Other Explain:** **_____**	**Referral made by:** **_____** **Phone:** **_____**	**Youth's Location:** **{ } Community** **{ } Detention** **{ } EHM** **{ } FIRS Center** **{ } Other : _____**

Youth's Name: (Last, First, Middle)				
DOB:	**Age:**	**JCN #**	**Race/ Ethnic Identity** *(Note if Bi or Multi Racial)*	**Gender Identity:**

Street Address:	**City, State**	**Zip Code**	**Phone:**
Parent/Guardian Name (s):			
Address: *(if different from above)*	**Phone:**	**Phone:**	**Phone:**

Why are you making this referral? Areas of concern? Issues to be addressed in assessment:

Please provide copies of any records that would assist the evaluator in the completion of this assessment. Delay in the receipt of these records will delay completion of the report.

Current or Past Issues: Check all that apply:

{ } Known or Suspected *Substance* Use	**{ } Inability to focus**	**{ } Disruptive/Combative**	**{ } Depressed/Withdrawn Mood or Affect**
{ }Extreme "highs" or "lows"	**{ } Suicidal Ideation or Attempts**	**{ } Unusual feelings of guilt or worthlessness**	**{ } Unusually fearful or anxious**
{ } Changes in eating or sleeping	**Other: (Describe)**		

***Prior approval required for these types of assessments**

JJAT Referral Form
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Interested Parties	Phone#	Fax #	Email Address
JPC:			
JCS Case Manager:			
Attorney:			
School Rep:			
Other:			
Other:			

Does Youth Need Interpreter?	Language needed:	Does Parent Need Interpreter?	Language needed:
{ } YES		{ } YES	
{ } NO		{ } NO	

Is Youth enrolled in School?	Where:	Current Grade Level:	Does youth have an IEP or 504?

Has youth been assessed previously?	If yes, where and what kind of assessment? Provide details if possible:	Dates
{ } YES		
{ } NO		

Has youth been enrolled in Tx?	Where:	Dates
{ } YES		
{ } NO		

CURRENT CHARGE OR CASE TYPE:	CAUSE #

Is Youth Medicaid Eligible?	If not, Insurance Co Name
{ } YES	Name:
{ } No	