

PNCC RJ Referral Form

This referral form is to be used for all PNCC clients. Please print legibly and send via e-mail to: pncc-rj@sjcda.org

Referral Information			
Referral Agency: _____		Referral Date: _____	
Referred by: _____	Phone #: _____	Email: _____	
Applicant Information			
Last Name: _____		First Name: _____	M.I.: _____
D.O.B.: _____	Court #: _____	Gender: _____	
Race/Ethnicity: _____		Primary Language Spoken at Home: _____	
Applicant Home Address			
Address: _____		City: _____	Zip: _____
Home #: _____	Cell #: _____	Email: _____	
Activities			
School or Vocational <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
School: _____		Employer: _____	
<input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time		<input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time	
Emergency Contact Information*			
Last Name: _____		First Name: _____	M.I.: _____
Relationship to Participant: _____			
Phone Number: _____			
Other Contact (Email or other phone numbers) _____ _____			
<small>*Note: Referrals for Juveniles must include a contact information for a parent or guardian.</small>			
Victim Information			
Victim Name: _____		Email: _____	
Phone Number: _____		Alternate Phone Number: _____	
Open to Participation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Declined Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participation Level: <input type="checkbox"/> Full Particip. <input type="checkbox"/> Partial Particip. <input type="checkbox"/> Minimal/No Particip. <input type="checkbox"/> N/A			

Offense Information

Arresting Agency: _____

Charge: _____

Severity: Misdemeanor Felony

Charge Category (Mark one):

Assaultive Crimes	<input type="checkbox"/>	Driving Conduct	<input type="checkbox"/>	Vehicle Theft	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Robbery	<input type="checkbox"/>	Weapons	<input type="checkbox"/>
Drug Offenses	<input type="checkbox"/>	Theft or Burglary	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please specify: _____

Are Charged Offenses:

Gang Related	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Drug Related	No <input type="checkbox"/>	Yes <input type="checkbox"/>
*DV Related	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Other Violent Crime	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Did the Charged Offense Involve:

Use of a Gun	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Use of Other Weapon	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Physical Injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>
A Victim or Witness under age 18	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Is the Individual, currently on:

Probation	No <input type="checkbox"/>	Yes <input type="checkbox"/>
In Custody	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Has the individual ever been on:

Probation, DEJ, Parole, PRCS, etc.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Note: current parolees are not eligible

COMMENTS: *(Please note the reason you believe this person appears to be a good candidate for PNCC)
(If charges are DV related, note if client is recommended for Restorative Justice)

FOR USE BY PARALEGAL ONLY:

Paralegal:	Date Received:	Referral Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Routing:		<i>If No, re-route back to Public Defender to complete referral packet.</i>
Unit:	DDA/PD:	V/W Advocate