Missoula County Youth Drug Court

 **TREATMENT COURT REFERRAL FORM**

|  |  |  |
| --- | --- | --- |
|  **Youth’s Name** *(last, first, middle)*:  |  |  |
| **DOB:**  | **Age:**  | **Race:**  | **Gender:**  |
| **Last 4 of social:** | **DJ #:**  | **Medical Ins.:** | **DL or State ID #:** |
| **Address:**  |  | **Youth Phone:**  |
| **Parent/Guardian Name (s):**  |  |  |
| **Address:** *(if different from youth)*  |  | **Parent/Guardian Phone:**  |

# RIGHT KID: Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **1.**  | Is the Juvenile between the ages of 14 and 17? |   |   |
| **2.**  | Has the juvenile been arrested for a drug or alcohol related offense? OR does the juvenile have other offenses that were motivated by drugs/alcohol?  |   |   |
| **3.**  | Has the Juvenile been on probation anytime in the past or present?  |   |   |
| **4.**  | Is the Juvenile misusing alcohol and/or other drugs?  |   |   |
| **5.**  | Is this Juvenile enrolled in school?  |   |   |
| a. Is he/she attending regularly?  |   |   |
| b. Is he/she in good academic standing?  |   |   |
| **6.**  | Does the Juvenile have any Mental Health and/or Substance- Use diagnosis? **If yes**, please list:   Most current **Evaluation done by who and when**? |   |   |

# RIGHT TIME: Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **1.**  | Is this Juvenile currently on probation or will they be placed on probation?**If yes**, who is their probation officer: How many **Arrest** & how many **convictions** in lifetime?  |   |   |
| **2.**  | Has the juvenile misused alcohol or other drugs in the past 90 days? **If yes**, what substances:   |   |   |
| **3.**  | Has the juvenile ever participated in substance use treatment (in-patient or outpatient)? **If yes**, where?   |   |   |

 **RIGHT PROGRAM:** Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **1.**  | Does the juvenile have an IQ of 70 or above? |   |   |
| **2.**  |  In the past 6 months has this juvenile been diagnosed with a substance use disorder?  |   |   |
| **3.**  | Is this juvenile’s substance use negatively affecting his/her work, school and/or home life?  |   |   |
| **4.**  | Is this juvenile’s substance use putting his/her life in danger?  |   |   |
| **5.**  | Is the juvenile continuing to use alcohol and/or other drugs despite negative consequences?  |   |   |

**REFERRAL SOURCE:**

|  |  |
| --- | --- |
| Name:  |  |
| Title:  | Agency:  |
| Phone:  | Email:  |

**Please return this form with current evaluation and any additional information to:**

**Chelsey Scarborough**

4th Judicial Youth Treatment Court Coordinator

200 West Broadway

Missoula, MT 59802

Phone: 406-240-1577

Chelsey.scarborough@mt.gov