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