

Assessment Discharge

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

DISCHARGE INFORMATION

*Discharge Date: _____

*Assessment Discharge reason (pick one): _____

Assessment Completed

Assessment Incomplete

*Assessment Outcomes (pick one): _____

No charge/warning letter

Referred for services

Voluntary Services

Juvenile Diversion

Filed in Court

N/A

Returned to referral source for further action

Reason Incomplete: _____

Youth Not Eligible for Assessment

County Attorney Requested Return

Youth/Parent Failed to Respond

Youth/Parent Refused

N/A