Highlands Detention Alternatives Program

H.J.D.C.

Weekenders Program Referral Form

*NAME:*_____ *JTS#:*_____

*ADDRESS:*_____

*PHONE #:*_____ *SSN:*_____

*DOB:*_____ *AGE:*_____ *RACE:*_____ *SEX:*_____

*SCHOOL:*_____ *GRADE:*_____

*MEDICAL PROBLEMS/MEDICATION:*_____

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*MOTHER/LEGAL GUARDIAN:*_____

*ADDRESS:*_____

*PHONE #:*_____ *CELLULAR #:*_____

*EMPLOYER:*_____

*WORK PHONE #:*_____

*FATHER/LEGAL GUARDIAN:*_____

*ADDRESS:*_____

*PHONE #:*_____ *CELLULAR #:*_____

*EMPLOYER:*_____

*WORK PHONE #:*_____

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*OFFENSE(S):*_____

*REMARKS/OTHER INFORMATION:*_____

*NUMBER OF DAYS TO BE COMPLETED:*_____

*SUBMITTED BY:*_____ *DATE:*_____

DOCUMENTS INCLUDED: ☐ *COURT ORDER* ☐ *RULES OF PROBATION*

*WEEKENDER SUPERVISOR:*_____