**Ontario County Youth Court Referral**

Date of Referral: Click here to enter a date.

Person making the referral: Click here to enter text.

I, Click here to enter text., recommend that the following youth be allowed to have his/her case heard in the Ontario County Youth Court for the purpose of a sentencing hearing. I have attached all case material to include incident report, statements, deposition, etc.

Youth’s Name: Click here to enter text.￼DOB: Click here to enter a date.

Address: Click here to enter text.

Telephone #: Click here to enter text. Cell #: Click here to enter text.

Parent email: Youth Email:

School: Click here to enter text.

Date of Incident: Click here to enter a date.

Offense/violation: Click here to enter text.

CONSENT TO PARTICIPATE:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby voluntarily agree to have my offense or violation handled in Ontario County Youth Court.

Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forward this for, Advice of Rights and Consent, and all case material to:

The Partnership for Ontario, Inc;

5297 Parkside Drive, Suite # 307

Canandaigua, NY 14424

Phone #: (585) 396-4519

Fax#: (585) 396-4520

Email: info@ontariocountyyouthcourt.org