

SOAR - Denton County Juvenile Mental Health Court

Referral Form

While your referral of this Juvenile is vitally important, please know that, due to state and federal law, we may not be able to respond to you or provide you updates on the Juvenile's progress through the Court process.

Juvenile's name: _____ Today's date: _____

Juvenile's date of birth: _____ Alleged offense: _____

Date of alleged offense: _____ County in which alleged offense occurred: _____

Is the Juvenile currently detained or hospitalized? _____ If so, where? _____

Juvenile's address: _____

Juvenile's county of residence: _____

With whom does the Juvenile reside? _____

Phone numbers: _____ Relationship to Juvenile: _____

Juvenile's Mental Health Diagnosis: _____

Juvenile's Current Medications: _____

Juvenile's Current Treatment Provider: _____

Describe Juvenile's known or reported drug or alcohol use or abuse: _____

Name of person making referral: _____ Relationship to Juvenile: _____

Contact numbers for person making referral: _____

Is the Juvenile exhibiting any of these behaviors/conditions? (Circle all that you observe or that were reported to you.)

Auditory hallucinations
Irrational behavior
Delusional thoughts
Depression
Manic speech
Self injurious behavior

Visual hallucinations
Bizarre behavior
Suicidal behavior
Manic behavior
Racing thoughts
Other, explain: _____

Other comments: (use extra sheet if necessary.): _____

Has the Juvenile ever been hospitalized in a psychiatric facility: _____ (yes/no/unknown)

Return this form to: Laura Prillwitz, laura.prillwitz@dentoncounty.com or Juvenile Probation Department, 210 S. Woodrow Lane, Denton 76205.