

A W O L A L L W A L K S O F L I F E , I N C .

P.O. Box 15846, Savannah, Georgia 31416 ☎ Phone: 912.303.4987 ☎ Fax: 912.525-3160 ☎ Web: www.awolinc.org

JUVENILE DELIQUENCY FORM

Date of Referral: _____

Participant Name: _____ Date of Birth: _____ Age: _____

Male: ___ Female ___ Parent/Guardian Name: _____ Contact Phone #: _____

Mailing Address: _____

Email: _____

Referring Agency: (Circle One) Department of Juvenile Justice Chatham County Juvenile Court

Case Worker: _____ Phone: _____

Email: _____ Fax: _____

Has the youth ever been referred to the court for status or delinquency offense? Yes ___ No ___

Is this the youth first offense? Yes ___ No ___

If no, how many referrals to juvenile court has the youth ever had? # _____

OFFENSE CATEGORY & LEVEL

Check the **offense category** that describes the youth most serious allegation to date:

Person offense Public order/Drug Law Offense Unknown

Property offense Status offense Number of Status Offense # _____

Check the **offense level** that describes the youth's most serious allegation to date

Designated Felon Felony Misdemeanor

Person Offense

Criminal homicide
Forcible Rape
Robbery
Aggravated Assault
Simple Assault
Other violent sex offense
Other person offense

Property Offense

Burglary
Larceny-Theft
Motor Vehicle Theft
Arson/Vandalism
Trespassing
Stolen Property
Other property offense

Public Order Offense

Obstruction of justice
Disorderly conduct
Weapons offense
Liquor Law violation
Nonviolent sex offense
Other public order offense
DRUG LAW OFFENSE

Status Offense

Runaway
Truancy
Ungovernable
Curfew

COMMITMENTS

Committed Yes No Number of Commitments # _____

Commitment Length (i.e. 6-months, 2 years, ect.) _____

Commitment Start Date: _____

AWOL STAFF USE ONLY

Initial Contact Date: _____ Result of Contact: _____

Method of Contact: _____ Follow Up Mail Sent: _____