

**REFERRAL FORM**  
**Teen Traffic Diversion Program**

Criminal Justice Alternatives

316 Fayetteville St., Suite 610 Raleigh, NC 27601

On-Call Cell: (919) 817-3593

Office: (919) 856-6413

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**\*\*Please fill out the referral form completely\*\***

Date of Offense: \_\_\_\_\_ File #: \_\_\_\_\_  
Juvenile Offense: \_\_\_\_\_ NCDL: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Relationship to Juvenile: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Referring Agent Statement**

I have read the requirements and understand the Teen Traffic Diversion Program (TTDP). I Understand that this is a diversion program, and that the youth will be assigned a reasonable and appropriate consequence for his/her actions. The TTDP has been explained and the youth's family has voluntarily agreed to participate.

\_\_\_\_\_  
Referral Source Signature

\_\_\_\_\_  
Referral Source Printed Name

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Represented by Attorney:    Yes    No

Attorney Name: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Date: \_\_\_\_\_

I acknowledge that the Teen Traffic Diversion Program has been explained to me and I understand that my case is being referred to the program. I accept that a referral has been made and I understand that the TTDP is an alternative to traditional court. I hereby freely admit my guilt and agree to voluntarily participate and complete all guidelines outlined in the Teen Traffic Diversion Program through Criminal Justice Alternatives. Should I fail to complete TTDP , my case will be returned to court for entry of judgement.

I will appear in the Wake County District Court on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ for review of my case.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_