

Procedures for Making a Referral

1. Complete referral.	Please complete the attached <u>Referral Form</u> in full – front and back.
2. Attach documentation.	Include a copy of the police report with each completed Referral Form. If a copy of a police report is not available, please provide applicable documentation to support the referral.
3. Submit referral.	Completed Referral Forms may be submitted to 180° Juvenile Diversion in person, electronically, by mail or fax. 180° JUVENILE DIVERSION 515 W. Moreland Blvd AC G46 Waukesha, WI 53188 Ph. (262) 548-7780 180juvenilediversion@waukeshacounty.gov
4. Receive a referral response letter with notice of referral results.	Upon receipt of a referral, 180° Juvenile Diversion will review the document. If the subject of the referral is eligible for diversion, program staff will submit an Application Form to the prospective client. Applicants will have two weeks to apply for admittance into 180° Juvenile Diversion. After two weeks, a <u>Referral Response Letter</u> will be sent to the referral agency as to the status of the applicant. If a potential client fails to apply 180° Juvenile Diversion, the <u>Referral Response Letter</u> will indicate this outcome to the referral agency.
5. Outline of services offered by 180° Juvenile Diversion:	The client will participate in 13 weeks of class, followed by 6 months of case management. During their entire time with 180° Juvenile Diversion, their grades will be monitored and they will be randomly tested for drug and/or alcohol use. Clients will perform 40 hours of community service to complete the program.
6. Receive notification of completion.	Upon successful completion of 180° Juvenile Diversion programming, the client will graduate and a <u>Completion Letter</u> will be sent to the referring agency.

Letterhead here

180° JUVENILE DIVERSION
515 W. Moreland Blvd AC G46
Waukesha, WI 53188
(262) 548-7780
180juvenilediversion@waukeshacounty.gov

Referral Form

Date of Referral: ____/____/____

Referral Source: _____
(Name) (Organization)

(Position) (Phone Number)

(Email)

Have you informed the offender or their family of their referral to diversion? _____

Name of Offender: _____ DOB: ____/____/____

Sex: Male Female

Address: _____
(City/State) (Zip)

Home Phone #: _____

Offense _____ Date of Offense: ____/____/____

Does the offender have any other past or present misdemeanor or felony offenses? Yes No

Arraignment/Preliminary Hearing Date ____/____/____ Time: _____

Please describe the presenting problem/reason for referral:

Please share any other family, school, or social history that may be helpful in determining eligibility and/or case management. If applicable, include any attempted alternatives/services and outcomes of these.

*** Please include a copy of the police report, & any other applicable documents, with each completed Referral Form. ***