# ***SCHUYLER COUNTY YOUTH BUREAU***

# ***YOUTH COURT***

323 Owego St., Unit 6
Montour Falls, NY 14865
Phone: (607) 535-6236

JoAnn S. Fratarcangelo,
Director

Catherine Collins
Program Coordinator

## ***REFERRAL INFORMATION***

Referral Date: _____/_____/_____ Date of Infraction: _____/_____/_____ CASE # _____

**Person Making Referral:**

**Name:** _____ **Contact Number:** _____

Address: _____

City: _____ _____NY zip: _____

☐ **Parent/Guardian** ☐ **School** _____ ☐ Agency _____
Abbreviated Name of agency

**Youth Being Referred:**

**Name:** _____Age:_____

Address: _____

City: _____ NY zip: _____

Contact Number: _____ School attending: _____

**Parent/Guardian's Name:** _____

Contact Numbers: _____

**INFRACTION:** _____
(Use back of sheet if needed)

**Youth's Signature:** _____

**Parent/Guardian's Signature:** _____

**PLEASE ATTACH ANY INFORMATION THAT WILL ASSIST THE COURT IN THEIR DECISION**

THIS SECTION TO BE FILLED OUT BY THE COURT

Hearing Date: ___/___/____Date Heard: ___/___/____ (if not same) WHY? _____

**PARENT**

ACCEPTED ☐ REFUSED ☐

**DATE** _____/_____/_____

☐ Apology Letter to Guardian
☐ Apology Letter to Victim
☐ Essay
☐ Community Service
☐ Classes
☐ Other _____

**DATE TO BE COMPLETED**

_____/_____/_____

Revised 2023