

Mark Garber
Sheriff

LAFAYETTE PARISH SHERIFF



Youth Services

Date: _____

Referral Source: _____
Name (Print) Title Phone Number

_____ Email Address Fax Number

Charge(s): _____

Next Court Date: _____

_____ Milestones: _____ CBT: _____ R.E.A.C.H: _____ Teen Intervene

Reason for Referral: _____

Child's Name: _____

Date of Birth: _____ Race: _____ Gender: _____ Age: (13-17yrs.) _____

Custodial Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

School child is attending: _____ Grade: _____

Date Referral Received: _____