



For Hands Office Use:	
Y/N	Schedule intake
<input type="checkbox"/>	Consultation
<input type="checkbox"/>	Court Support
<input type="checkbox"/>	_____ Diversion
<input type="checkbox"/>	Bail Release Planning

## Youth Mental Health Court Worker Program Referral Form

### Program Eligibility:

- Referrals can come from the youth, their family or friends, crowns, defense attorneys, judges, court staff, police, schools, mental health professionals and community agencies.
- Youth must live in the Muskoka or Parry Sound District.
- Youth between the ages of 12-17 who have been given warnings by police, or are at the pre-charge or post-charge stage, under the YCJA for diversion.
- Youth may be showing symptoms of a mental health concern or have a formal diagnosis/a developmental disability.

**Program Service:**  Consultation  Court Support  Diversion  Bail Release Planning

Name of Youth:

Gender identity:

Date of Birth:

Home Phone:

Cell Phone:

Address:

Name of Parent/Guardian:

Can we contact the youth at home? Please circle:  YES  NO

If we cannot contact at home please provide an alternate phone number where youth can be contacted as well as the reason youth cannot be contacted at home:

Alternate phone:

Address:

Reason Youth cannot be contacted at home:

Name of person the Youth living with if not residing with parent/guardian:

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Details of criminal charge:

Details of mental health symptoms or diagnosis:

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Referral Source:

Phone:

Return Court Date:

Date of Referral:

Please fax referral to:

Abbigail Tennant, Youth Mental Health Court Worker.

Office: 705-645-3155 Ext. 3227 Cell: 705-491-5407 Fax: (249) 502-5770 Email: youthjustice@handstfhn.ca