



Connections

...Because mentoring does a
child a world of good!

Judge Thomas C. Lee, Holmes County Juvenile Court, Millersburg, Ohio 44654

Child Referral Form

Date: _____

Child's Name: _____ Date of Birth: _____

Parent(s) Name: _____

Address: _____

Phone Number: _____

Person completing this form: _____

How do you know this child? _____

Reason for Referral:

Is the **child** aware that you are making this referral? Yes No

Is the **parent** aware that you are making this referral? Yes No

Please turn over and complete remainder of referral.

Is there any additional pertinent information you would like to provide about this child and/or the reason for referral?

Thank you for your referral of the above child to our mentoring program. The program coordinator and/or court personnel will follow-up with the child and parents to discuss the referral. Parental Permission to participate will be pursued by the program coordinator.