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☐ Santa Barbara	🗌 Santa Maria	Lompoc/ Santa Ynez
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Teen Court Peer Review Referral Form

Referral Date.	Agency	PIN#	
Officer Making Referral:		Date of Offense:	
Youth Name:		DOB:	
Sex: Male Female	Languages: _	School:	
Home Address:		City:	Zip:
Parents/Guardians Name:	,	Languages:	
Home Phone #:		Parent's Cell/Work #:	
Penal Code Violation:			
Description of Incident:			
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my permission for the Council on Al	coholism and Drug A	will be explained to me by the CADA c Abuse to consult with the referral source d to me this agreement and I understa	es about my participation in
Signature	Date	Signature	Date