

Parent Diversion Class

Prevention Education Referral Form

Parent/Guardians Name: _____ Home phone: _____

Address: _____ Work phone: _____

City, State, Zip: _____ Cell phone: _____

Juvenile Name: _____

Class Dates/Location: _____
Date Location

Juvenile Substance Used: _____

I AM FULLY AWARE OF THE LOCATION, DATE AND TIME OF CLASS AND UNDERSTAND IF I AM LATE OR DO NOT SHOW UP FOR CLASS THE FEE IS NON-REFUNDABLE AND NON-TRANSFERRABLE. IT MAY IMPACT MY SON OR DAUGHTERS PROBATION. _____ (INITIAL)

Is there a drug/substance that you would like to have more information about? If so, which drug/substance?
