

Juvenile Diversion Class
Prevention Education Referral Form

Juvenile Name: _____ Date of birth: _____
Address: _____ Home phone: _____
City, State, Zip: _____ Cell phone: _____
Parent/Guardians Name: _____ Home phone: _____
Address: _____ Work phone: _____
City, State, Zip: _____ Cell phone: _____

We, the above named juvenile and parent/guardian, request to enroll in the next available diversion class offered by Alcohol and Drug Dependency Services of Southeast Iowa. We agree to pay the enrollment fee of \$50.00 prior to class.

Juvenile Signature Date

Parent/Guardian Signature Date

Class Dates/Location: _____
Date Location

Referral Source Name: _____ Office phone: _____

Address: _____

City, State, Zip: _____

Reason for referral: _____

Payment may be mailed or paid in person at:
Alcohol and Drug Dependency Services
Attention: Prevention Department

122 North Main St.
Mt. Pleasant, Iowa 52641
(319) 385-2216

1340 Mt. Pleasant St.
Burlington, Iowa 52601
(319) 753-6567

928 Main St.
Keokuk, Iowa 52632
(319)524-4397