



DIVERSION INTAKE FORM

Court Address

Lincoln Hall of Justice: 1025 E. Forest Avenue, Detroit, MI 48207

Court Telephone

(313) 833-1599

Date of Referral: _____**Reason for referral:** *(Please list the number of absences from school and date range along with any other concerns)*_____
_____**PARENT/OR LEGAL GAURDIAN****Name:** _____ **Relationship:** _____**Street Address:** _____**City:** _____ **Zip Code:** _____**E Mail:** _____ **Phone:** _____**Who does the juvenile live with, if the address is not the same?** _____**JUVENILE INFORMATION****Name:** _____**Gender:** Male Female Ambiguous Not Applicable Other
 Transgender (Female Pronouns) Transgender (Male Pronouns) Unknown**Street Address:** _____**City:** _____ **Zip Code:** _____**E Mail:** _____ **Phone:** _____**Date of Birth:** _____ **Ethnicity/Race:** _____**SCHOOL INFORMATION****SCHOOL NAME:** _____**GRADE LEVEL:** 6 7 8 9 10 11 12**DATE LAST ATTENDED:** _____**HOUSEHOLD AND FAMILY**

List your current immediate family:

Name: _____ **Relationship:** _____ **Age:** _____Does his family member live with the juvenile? Yes No**Name:** _____ **Relationship:** _____ **Age:** _____Does his family member live with the juvenile? Yes No**Name:** _____ **Relationship:** _____ **Age:** _____Does his family member live with the juvenile? Yes No**Name:** _____ **Relationship:** _____ **Age:** _____Does his family member live with the juvenile? Yes No