



## Delinquency Referral Form for AAL Legal Representation

\*\*\*Please email completed form to [scott@crossroadsfloridakids.org](mailto:scott@crossroadsfloridakids.org)\*\*\*

Date:

Name of Prospective Client:

Gender:

Date of Birth:

Phone #:

Case Number(s) (Delinquency & Dependency):

Current Residence (Name/Address):

Next Hearing Date:

### Parties/Participants

Name of Father:

Name of Mother:

Name of Legal Guardian:

Names of Sibling(s):

Name of Victim(s):

Names of Co-Defendant(s):

Name of JPO:

### LEGAL NEEDS/SPECIAL CIRCUMSTANCES (Check any that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Illness                | <input type="checkbox"/> Intellectual Disability/Autism |
| <input type="checkbox"/> Substance Abuse               | <input type="checkbox"/> Human Trafficking              |
| <input type="checkbox"/> Counseling Needs              | <input type="checkbox"/> Transportation Needs           |
| <input type="checkbox"/> Education/School Needs        | <input type="checkbox"/> Medical Benefits/Needs         |
| <input type="checkbox"/> Case Resolution Contract      | <input type="checkbox"/> Competency                     |
| <input type="checkbox"/> Walker Plan                   | <input type="checkbox"/> Probation Conditions           |
| <input type="checkbox"/> Additional Information: _____ |   |

Circuit Court Judge, Juvenile Delinquency  
Thirteenth Judicial Circuit

Note: Referral information required for conflict checking purposes