

**DEPARTMENTAL
REFERRAL TO
ONEIDA COUNTY YOUTH COURT**

I, _____, recommend that the following youth be allowed to have his/her case heard in the Oneida County Youth Court for the purpose of a sentencing hearing and disposition.

Youth's name: _____ D.O.B. _____

Address: _____

Telephone Number: _____ S.S.# _____

Date of Offense: _____

Previous Contact With Police/Probation Department: _____

School Attending: _____

Referral Source

Officer's Name: _____

Telephone Number: _____

Parent/Guardian Consent

I, _____, do hereby agree to have my son/daughter's case heard in the Oneida County Youth Court.

Parent/Guardian Signature: _____ Date: _____

Work Number: _____ Home Number: _____

This referral has been forwarded to:

**Oneida County Youth Bureau
Attention: Youth Court
800 Park Avenue
Utica, New York 13501**