



Our Lens, Our Voice

REFERRAL FORM

This form is to be completed by the youth or referral source

Youth's Name						Primary Phone #			
DOB		Age		Gender/Preferred Pronoun		County			
Email									
Address						City		Zip	
Parent/Guardian Name and Contact Information									

REASON(S) FOR REFERRAL:

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PLEASE GIVE A SHORT EXPLANATION OF JUSTICE INVOLVEMENT AND INTEREST IN *OUR LENS, OUR VOICE*:

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REFERRAL SOURCE:

Name of Person Making Referral (<i>Print</i>)				Title and/or Agency			
Phone #			Email				
Date of Referral							

Please email, fax, or deliver referrals to Caitlin Fenhagen, Director, Criminal Justice Resource Department.
 Email: cfenhagen@orangecountync.gov | Phone: 919-245-2303 | Fax: 919-640-1729
 Address: Orange County Courthouse, 106 E. Margaret Lane, Hillsborough, NC 27278