Lorain County Juvenile Court Assessment & Resource Center
1070 Infirmary Road Elyria, OH 44035
assessment.center@lcfct.org

Referral Form

Referrer Information

Date: ___/___/____ **Completed by (if not referrer):** _____

Referrer Name: _____ **Phone:** (_____) _____ - _____

Referral Entity: _____ **Email:** _____

Family Information

Juvenile's Name: _____ **DOB:** ___ / ___ / _____

Address: _____

City: _____ **Zip Code:** _____

School: _____ **Grade:** N/A

Parent/Guardian: _____ **Relationship:** _____

Address, if different than Juvenile: _____

City: _____ **Zip Code:** _____

Phone: (_____) _____ - _____ **Email:** _____

Preferred Method of Contact: _____

Additional Contact / Guardian Information:

Reason for Referral

Juvenile's Demographical Information

The Lorain County Juvenile Court Assessment & Resource Center is grant-funded and must collect certain demographic information. **Please answer the questions below based on what the juvenile or their family reports.** If the juvenile or family did not provide this information, please choose "unknown."

Race: Unknown **Gender:** Unknown **Ethnicity:** Unknown