

**JUVENILE
ALTERNATIVE
PROGRAM**



119 North Main Street
Veedersburg, IN 47987

Phone: 765-294-3100 ext. 110
Fax: 765-294-3113

**Juvenile Alternatives Program (JAP)
Referral Notice**

Date _____

Referring School _____

Referring County _____

Referring Officer _____

Name _____ DOB _____

Address _____

Home Phone _____

Race _____ Gender _____ Education _____

School _____ Grade _____

Employment _____ Shift _____

Weekends: Yes/ No/ Some

Name of Mother _____ Phone No. _____

Name of Father _____ Phone No. _____

Legal Guardian _____ Phone No. _____

Offense _____

Sentence _____

JAP Family Counseling to begin by _____ and completed by _____

Comments: _____

Parent has been advised of fees: Yes No