

Tooele County Youth Court
School/Law Enforcement Referral Form

Parent/Guardian Information

Name: _____

Phone Number: _____

Student Information

Name: _____

Phone Number: _____

Address: _____

School: _____

Aspire/Case#: _____

Supporting Facts: _____

As Parent/Guardian, I hereby authorize law enforcement to provide the juveniles contact, referral information, and police report to those conducting the Tooele County Youth Court.

Parent/Guardian Signature: _____ Date: _____

Law Enforcement Signature: _____ Date: _____

School Official Signature: _____ Date: _____