



CONNECT.  
INSPIRE.  
EMPOWER.

875 Centerville Rd, Bldg 3, Unit 9, Warwick, RI 02886  
Tel. (401) 732-7700, Fax (401) 732-7715  
www.mentorRI.org

### Juvenile Justice Initiative-Referral Form

Please mail/email signed application to: Marisol Feliciano, Chief Program and Partnerships Director  
[mfeliciano@mentorri.org](mailto:mfeliciano@mentorri.org) Cell # 401-598-6583

Name of Youth Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address (Include Apartment Number/Letter when applicable)  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Youth Participant's Parent/Guardian \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Police Dept.  Probation  Juvenile Courts  DCYF  Community Program  School

Referral provided by (Program Name, School, Agency and/or Department – Include Name & Email)  
\_\_\_\_\_  
\_\_\_\_\_

Referral Type: Prevention  Post-Arrest

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Offenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior offenses, convictions, or pending court hearings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information or comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_