



Chesterfield County Adolescent Resource Pathways

9610 Krause Road, Chesterfield, VA 23832
Phone: (804) 748-1612 | Fax: (804) 748-1295
Email: CARP@chesterfield.gov

Program Referral

Juvenile's Name: _____ JTS: _____

Address: _____ Date of Birth: _____

Parent's/Guardian's Names: _____

Phone (H): _____ (Cell): _____ (Juvenile): _____

Referring Probation/Parole Officer: _____ Date: _____

Probation/Parole Officer Phone: _____ Email: _____

Referral for:

- Morning Program – If during school, dates of suspension/expulsion: _____
- Pocahontas Youth Service Corps (Summer only)
- Educational and Vocational Connections Coordination
- Court Navigator – Follow up report requested by: _____

Risk Level: Moderate High

School: _____ Grade: _____

Substance abuse/treatment history: _____

Gang affiliation/security risks: _____

Physical limitations that could hinder involvement
with recreational/volunteer service activities: _____

Are parents/guardians cooperative with probation/parole? Yes No

If no, please explain: _____

****Please attach copy of social history if available****