

**Morris County Juvenile Firesetter Prevention Program
Referral Form**

Referral Source: _____

Date: _____

Address: _____

Phone #: (____) _____

Juvenile's Name: _____

DOB: _____

Guardian: _____

Phone #: (____) _____

Address: _____

School (circle): Pre-12 Grade: _____

Home School, Special Education, No
School

Date of Incident: _____

Ignition Source: _____

Obtained From (please circle): Own home, Other person/location, Found outdoors, Other (specify) _____

Narrative of Incident: _____

Is the Referral a Result of Court Order? Yes ___ No ___ Probation Officer: _____

History of Firesetting Behavior: _____

Please check that all proper information has been submitted with the referral form.

_____ Information Consent Authorization Form

_____ Screening Tool

_____ Other Information (Please list items included: _____)

Please submit the referral form and attachments to:

**Jessica Mondino, Youth Services Coordinator
Morris County Department of Human Services
P.O. Box 900
Morristown, NJ 07963-0900
Phone (973)285-6850 Fax(973)285-6713**