

TIPPECANOE SUPERIOR COURT III
TIPPECANOE COUNTY JUVENILE PROBATION



Parent Referral/Complaint

Child's name: _____

Child's date of birth: _____

Child's Soc. Sec. #: _____

Address: _____

Mother's name: _____

Mother's date of birth: _____

Mother's Soc. Sec. #: _____

Address (if different): _____

Father's name: _____

Father's date of birth: _____

Father's Soc. Sec. #: _____

Address (if different): _____

Guardian's name: _____

Guardian's date of birth: _____

Guardian's Soc. Sec. #: _____

Guardian's Address (if different): _____

Date of Complaint: _____

Name of person completing complaint: _____

Relationship to the Child: _____

Details of Complaint (be specific):

Active Services (counseling, case management, etc.):

Name of Provider: _____ Phone: _____

Name of therapist: _____ Phone: _____

Name of caseworker: _____ Phone: _____

Medications: _____

Date Services Started: _____

Date(s) Child refused services: _____

Date(s) Child refused medication(s): _____

***** Written documentation from a service provider must be included in this complaint that states your child has refused to attend at least (2) scheduled counseling appointments, refused to take prescribed medication(s), or refused to follow the recommended course of treatment**

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

Your signature indicates that you affirm under the pains and penalties of perjury that the information provided above is true and accurate.

Referrals can be hand delivered or mailed to:

Juvenile Intake and Assessment Center
2640 Duncan Road
Lafayette, IN 47904