

Durham P.R.O.U.D. Program

Personal Responsibility to Overcome with Understanding and Determination

Client's Name: _____
First Middle Last

(DOB): _____ Age: _____ Race: _____ Gender: _____

School Assignment: _____

Living with (Select): mother father other: _____ (relation)

Name: _____ Marital Status: _____

Address: _____ Durham NC
Street Address City State Zip Code

Telephone: (H) _____ (W) _____ (O) _____

Referred Offense(s): _____

Date of Offense(s): _____

In the past twelve months has the juvenile been (circle all that apply):

Expelled/suspended Yes No

Run away Yes No

Secure Custody Yes No

Referred to court Yes No

Diverted to court Yes No

Hospitalized Yes No

How long? _____

Referral reason:

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Additional Information:

Is client currently on medication? If yes, please list all medications.

Is client currently receiving therapy or under therapeutic care, if yes please provide the therapist name and/or name of the agency. Also explain reason for care.

PO Box 1605 Durham, NC 27702 (919)956-8366**OFF** (919)956-8563**FAX**

Signed: _____ Date: _____