

## Community Programs Consent for Release of Court History

Juvenile's Name:	D.O.B:
Parent, Guardian, or Custodian:	
County:	
Lauthorize the NC Department of Public Safety	Invention Institute (horoinafter "II") and the following

## I authorize the NC Department of Public Safety, Juvenile Justice (hereinafter, "JJ") and the following community program:

Community Program
Name of Program or Contact Person:
Address:
Phone:

## To communicate with and disclose to one another the following information relating to the juvenile named above as necessary for completion of a Risk Assessment for service planning and follow-up.

YASI Instrument Most serious charge adjudicated, if applicable	
Any assault charge, if applicable	
	Date:
Please print parent/guardian/custodian name:	
Describe authority to act on behalf of juvenile (check a box or offer other explanation): I am the juvenile's parentI am the juvenile's guardianI am the juvenile's legal custodian	
$\square$ person witnessing the	
signature:	
	Most serious charge adjudicated, if applicable Any assault charge, if applicable

 $^{*}\mbox{Copy}$  provided to parent/legal guardian and/or juvenile.

## For NCDPS use

1: Age at first complaint: \_\_\_\_\_

2: Number of referrals to Intake: \_\_\_\_\_

3: Most serious prior adjudication:(check one)

4: Most serious Prior assault charge: (check one)

a. No Prior Adjudication	a. No Assault
b. Prior Undisciplined	b. Involvement in an affray
c. Prior Class 1-3 misdemeanor(s)	c. Yes, without a weapon
d. Prior Class F-I felony or A1 misdemeanor(s)	d. Yes, without a weapon, inflicting serious injury
e. Prior Class A-E felony(ies)	e. Yes, with a weapon
	f. Yes, with a weapon inflicting serious injury