

**Greater Derry Juvenile Diversion Program  
36 Tsienneto Road  
Derry, New Hampshire 03038  
(603) 432-8882**

**Challenge Course Referral Form**

**Date of Referral:** \_\_\_\\_\_\_\\_\_\_

**Name:** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **(H)** (\_\_\_\_) \_\_\_\_\_ **(W)** \_\_\_\_\_

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**Referred by:** \_\_\_\_\_ **of** \_\_\_\_\_

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ **Completed by:** \_\_\_/\_\_\_/\_\_\_

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**Incident:** \_\_\_\_\_

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**Prior court involvement:** \_\_\_\_\_

**Prior Psychiatric or Substance Abuse Treatment: (Date, Name of Program, Inpatient/Outpatient,Diagnosis)** \_\_\_\_\_

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**Mail completed form with a check for \$150.00 to address at the top of the form.**

