

Snohomish County Sheriff's Office

Sheriff's Lead the Way Program Referral

<i>Sheriff's Lead the Way Program:</i>	<i>Date:</i>	<i>Case Number (if applicable):</i>
--	--------------	-------------------------------------

Juvenile Information

JUVENILE'S NAME (LAST, FIRST, MIDDLE)		DOB	AGE	SEX
STREET ADDRESS		CITY	STATE	ZIP
RESIDENCE PHONE	CELL PHONE	EMAIL		
ALIAS NAME(S)	SOCIAL SECURITY NO.	DRIVER'S LICENSE/I.D. CARD NO.		
WORK/SCHOOL ADDRESS				

Parent/Guardian Information

PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE)	RESIDENCIAL PHONE	CELL PHONE	EMAIL
PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE)	RESIDENCIAL PHONE	CELL PHONE	EMAIL
ADDITIONAL PARENT/GUARDIAN INFORMATION			
ADDITIONAL CONTACT INFORMATION	ADDITIONAL CONTACT INFORMATION	ADDITIONAL CONTACT INFORMATION	

REASON FOR REFERRAL: _____



JUVENILE: _____

PARENT/GUARDIAN: _____

I AGREE TO PROVIDE OR ARRANGE TRANSPORTATION FOR THE YOUTH ABOVE.

OFFICER/BADGE#: _____

SEND COMPLETED FORM:
Via email to contact.sheriff@snoco.org

IF THIS PROGRAM IS PART OF A DIVERSION PROGRAM FOR A CRIMINAL CASE, FAILURE TO COMPLETE REQUIREMENTS OF THIS PROGRAM MAY RESULT IN PROSECUTION.