

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>
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**Juvenile Information**

JUVENILE'S NAME (LAST, FIRST, MIDDLE)		DOB	AGE	SEX
STREET ADDRESS		CITY	STATE	ZIP
RESIDENCE PHONE	CELL PHONE	EMAIL		
ALIAS NAME(S)		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](mailto: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.*