

SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

Friday Court Referral Form

Name of Referring Party: _____

Agency: _____

Contact Number: _____ Email: _____

Name of Youth: _____

Date of Birth: _____

Case Number: _____

Risk Factors (check all that apply):

- Known family/friends in "the life"
- History of exploitation (i.e. by stripping company, other)
- Runaway

Frequency: How often has the minor runaway? _____

Duration: How long is the minor usually AWOL? _____

Location: Where does the minor usually run away to? _____

- Significantly older boyfriend
- Frequent travel to other cities

Which cities: _____

- Gang affiliations: _____
- History of sexual and/or physical abuse
- Large tattoos (or other forms of branding)
- Frequent stays in motels and/or homelessness

Reason For Referral (Detail/Other):

Dependency cases please email completed form to cwscsec@fresnocountyca.gov
Delinquency cases please email completed form to fridaycourt@fresno.courts.ca.gov