|  |
| --- |
| **Cherokee County JDTC**  **Educational Track Referral** |

|  |  |
| --- | --- |
| Youth's Name: | Case #: |
| Street Address: | |
| City: | Zip Code: |
| Parent/Guardian Name: | |
| Parent/Guardian Phone Number: | |
| School: | Grade: |
| Referred By: | Date Submitted: |

*\*Attach complaint and incident report.*

*Office use only:*

|  |  |
| --- | --- |
| **To be completed:** | **Date Completed** |
| Juvenile Drug Court Educational Track Agreement |  |
| Continuance and Waiver or Time Limits |  |
| Pay $75.00 to clerk |  |
| Attend Educational Track Class with Parent/Guardian |  |
| Dismissal filed |  |