|  |
| --- |
| **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 |  |