

Vernon County Teen Court Referral
(Important! See mailing and/or of faxing information below)

Referral Date _____ (Youth have 60 days from the monthly Teen Court session to complete their sanctions. The referring agency will be notified of completion, non-completion, or need for extension by the end of that time frame.)

Juvenile

Name _____ DOB _____

Address _____

City, State, Zip _____

Telephone _____

Parent/Guardians:

Name _____

Address _____

City, State, Zip _____

Telephone/Day _____ Telephone/Evening _____

Referring Agency

_____ School Official _____ Law Enforcement Agency
_____ Department of Human Service _____ Municipal Court
_____ Vernon Co. Circuit Court _____ Other (List name) _____

District/ Agency Name _____ Contact Person _____

Address _____ City, State, Zip _____

Telephone _____ Fax _____ Email _____

Current Status:

_____ is being referred to Teen Court for the following offense or behavior:
(name)

Please include names, citation # (if given), and copy of relevant reports. Attach additional pages if necessary.

Mail or Fax Referral To:
Vernon County Teen Court
P.O. Box 272 Hillsboro, WI 54634
Fax: 608-637-5504

Questions?
Jonel Kiesau, Teen Court Coordinator
608-606-4122
teencourt@vernoncounty.org

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