

Vernon County Teen Court Referral
(Important! See contact 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.)

Juvenile

Name _____ DOB _____

Address _____

City, State, Zip _____

Telephone _____

Parent/Guardian:

Name _____

Address _____

City, State, Zip _____

Telephone/Day _____ Telephone/Evening _____

Referring Agency

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

District/ Agency Name _____ Contact Person _____

Address _____ City, State, Zip _____

Tel _____ Fax _____ Email _____

Current Status:

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

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

Mail referral to:
Vernon County Teen Court
P.O. Box 412, Viroqua, WI 54665

More information at:
<http://www.vernoncounty.org/teencourt/>

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Questions?
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