

COMMUNITY SERVICE REFERRAL FORM

JPO: _____

Date: _____

Name: _____

Address: _____

Parent Name: _____

Home Phone: (903) _____ Work Phone: () _____

Parent Name: _____

Home Phone: (903) _____ Work Phone: () _____

Deferred Prosecution

Probation

I.S.P

Assigned Hours: _____ Duration of Supervision: _____

EMERGENCY RELEASE CLAUSE

I, _____, give my permission to a representative of the Grayson County
(parent's name)
Juvenile Probation Department to seek a physician or hospital for medical or surgical care for my child
_____, should an emergency arise. I understand every effort will be made
(juvenile's name)
to contact me or my spouse before any action will be taken. I also authorize the Juvenile Department
to provide transportation for my child with the understanding that neither the representative of the
Department of Juvenile Services nor the county are responsible for any injury should one be sustained.

Juvenile Date

Parent Date

Juvenile Probation Officer Date