

Bradley County Juvenile Court
1620 Johnson Blvd
Cleveland, TN 37311



Matrix Visionary Partners
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REFERRAL FORM

Date of Referral: _____ County: _____

Last Name: _____ First Name: _____

Child Cell: _____ DOB: _____ SSN: _____

Circle one: Male / Female

Charges: _____

Address: _____ School: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____ Phone Number: _____

Parent/Guardian Name(s): _____ Phone Number: _____

Is current living situation considered to be drug free? Yes / No

Service History: _____

Behavioral Information: _____

Signature of Person Referring: _____ **Phone:** _____

Accepted into the program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
If not, reason(s) _____	

_____	_____
Recovery Court Probation Officer	Juvenile Recovery Court Coordinator