

Broward County Juvenile Firesetter Prevention & Intervention Program YOUTH REFERRAL

Please PRINT and complete ALL of the information below.

REFERRAL AGENCY INFORMATION	JFPIP	JFPIP Case #:	
Referral Agency		JFPIP Office Use Only	
Representative			
Address			
City	State	Zip Code	
Phone Number			
E-mail Address			
REFERRED JUVENILE'S INFORMATION			
First Name:	Last Name:		
Address			
City	State	Zip Code	
DOB: Place of Birth (City, S	State):		
Age: Race: Ethnicity	ty: Gender:		
School:		Grade Level:	
Primary Language Spoken:			
	Last name:		
Relationship to Juvenile:			
Phone Number(s):			
E-mail Address:			
Address (if different from above):			
City	State	Zip Code	
Primary Language Spoken:		· · · · · · · · · · · · · · · · · · ·	
Preferred Method to be contacted: Phone			
Caregiver present at time of incident? Yes	■ No		
Names of other Individuals living in the home	Age	Relationship to child?	

INCIDENT INFORMATION Type of Incident: Date of Incident: _____ Time of Incident: _____ Incident Address: _____ City Zip Code State Responding Agencies: _____ FD Incident #: _____ PD Incident #: _____ Property Type: _____ Structure Type: _____ Location of fire: _____ Items Ignited: _____ Ignition source? _____ Where was it obtained? _____ **NARRATIVE**

Please send completed forms to:

Attn: Broward County Juvenile Firesetter Prevention and Intervention Program

Mail: 2601 W. Broward Boulevard. Ft. Lauderdale, FL 33312

E-mail: Courtney Palmer@sheriff.org

Fax: 954-831-8218

For questions, please call 954-831-8210