

# YOUTH SUPPORT INQUIRY (Web Version)

## CLIENT INFORMATION:

First Name:		Last Name:	
Age:	DOB:	Gender:	
Primary Address:			Suite/Apt #:
City:	Postal Code:	Province:	
Current Living Arrangement:			
Email:		Tele #:	
Name of School:			Grade:
Are you employed:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Employer:	
Emergency Contact & Tele #:			

## PARENT / GUARDIAN INFORMATION

First Name:		Last Name:	
Email:		Tele #:	
Address:			Suite/Apt #:
City:	Postal Code:	Province:	
Relationship:			

## REFERRAL INFORMATION:

How did you hear about reStart services?			
Referred by:		Email:	
Relationship:			

## ARREST INFORMATION

<b>County of Arrest:</b>		<b>Date of Arrest:</b>	
<b>Released Date:</b>		<b>Date of Alleged Crime:</b>	
<b>Case # and Charges:</b>			
<b>Court Date and Time:</b>			
<b>Summary of Crime / Allegations:</b>			
<b>Do you have Legal Representation?</b>			
<b>Name &amp; Contact # of Legal Representation:</b>			

## SERVICE NEEDS:

<b>How can reStart assist you?</b>	
<b>When is a good day and time to contact you?</b>	

### Terms & Conditions:

- Youth under the age of 18 years will require parental/guardian consent to receive support for reStart.
- Client and parent or legal guardian must sign a formal consent.
- reStart is a liaison service and does not offer legal advice or representation. You will need to seek a lawyer to provide legal representation.
- With parent, client and/or court consent, reStart may act as support and/or coach/mentor to the client.

**[SUBMIT]**