



Washington County Children's Justice Center Mental Health Referral Form

Child _____ Age ____ Grade ____ Primary Language _____

Does the child have any disabilities or limitations that we need to be aware of? _____

Primary Contact _____ Relationship _____

Best Contact Number _____ Primary Language _____

Secondary Contact _____ Relationship _____

Best Contact Number _____ Primary Language _____

Victimization Category (circle all that apply)

- | | |
|--|--------------------------------------|
| Adult Physical Assault | Identity Theft/Fraud/Financial Crime |
| Adult Sexual Assault | Kidnapping – Custodial |
| Adults Sexually Abused/Assaulted as Children | Kidnapping – Non-Custodial |
| Arson | Mass Violence |
| Bullying | Neglect/Abuse |
| Burglary | Other Vehicular Victimization |
| Child Endangerment | Robbery |
| Child Physical Abuse or Neglect | Sibling at Risk |
| Child Pornography | Stalking/Harassment |
| Child Sexual Abuse/Assault | Survivor of Homicide Victims |
| DUI/DWI incident | Teen Dating Violence |
| Dependencies | Terrorism |
| Domestic and/or Family Violence | Violation of a Court Order |
| Elder Abuse or Neglect | |
| Hate Crime | |
| Human Trafficking – Labor | |
| Human Trafficking – Sex | |

Referred by _____ Contact Number _____

Referral Organization _____

Email this form to kenzie.bradshaw@washco.utah.gov

For questions please call Kenzie at 435-256-6349

***** This referral does not guarantee services. The primary contact will need to complete additional paperwork with the Children's Justice Center *****

**Crimson, Pine View, Hurricane- Will be covered by Tyler Gordon:
tgordon2323@yahoo.com, 801-822-2407**

**Dixie, Snow Canyon, Desert Hills- Will be covered by Jamie Christiansen:
abccounselingk12@gmail.com, 435-319-0125**