



**CITY OF BUCKEYE
FIRESETTER PREVENTION PROGRAM
REFERRAL FORM**

Incident Date: _____ **Incident #:** _____ **Time:** _____

Incident Address: _____ **City:** _____ **Zip:** _____

Referring Officer Name: _____ Employee #: _____

Fire Investigator: _____ Investigator's Incident # _____

Police Incident #: _____

Juvenile Information:

Name (Last, First, Middle): _____ D.O.B: ___/___/___

Sex: M F Ethnicity: Caucasian African American Hispanic Asian Native American Other _____

Age: _____ School: _____ Grade: _____

Home Address: _____ Phone: _____ - _____ - _____

Legal Guardian Information:

1. Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

Phone: H () _____ W () _____

2. Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

Phone: H () _____ W () _____

Referral Information:

Mental Health Professional Juvenile Justice Police CPS Other _____

Name: _____

Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Referral: _____

Referred by: _____
Printed Name Signature