



**Cuyahoga County Court of Common Pleas Juvenile Court Division
Legal Division
Intake & Diversion Unit**

INSTRUCTIONS FOR SUBMITTING AN UNRULY REFERRAL

DEFINITIONS

Pursuant to R.C. 2151.022, an "unruly child" is defined as:

(A) Any child who does not submit to the reasonable control of the child's parent, teachers, guardian, or custodian, by reason of being wayward or habitually disobedient,

(B) Any child who is a habitual truant from school and who previously has not been adjudicated an unruly child for being a habitual truant,

(C) Any child who behaves in a manner as to injure or endanger the child's own health or morals or the health or morals of others,

(D) Any child who violates a law, other than division (C) of section 2907.39 (being under 18 years of age and showing or giving false information to gain entrance to an adult entertainment establishment), division (A) of section 2923.211 (being under 18 years of age and purchasing or attempting to purchase a firearm), division (C)(1) or (D) of section 2925.55 (being under 18 years of age and purchasing, receiving, or otherwise acquiring a pseudoephedrine product from other than a pharmacist or as prescribed by a licensed health professional), or section 2151.87 (being under 18 years of age and possessing, using, purchasing or receiving cigarettes or other tobacco products) of the revised code, that is applicable only to a child.

As the parent, legal custodian, guardian or other person involved, you may submit to juvenile court an unruly referral with respect to a child you believe is engaging in behaviors that are in violation of the law as defined on this page.

The forms that must be completed include: (1) Juvenile Court Fact Sheet, (2) Unruly Referral Questionnaire (3) Court Unruly Program (CUP) Parent Participation Agreement and (4) Authorization for Release of Information.

Referrals may be submitted between the hours of 9:30 a.m. – 3:30 p.m. at any one of the following locations:

Main Office

Juvenile Justice Center
Intake & Diversion Unit, 2nd Floor
9300 Quincy Avenue, Cleveland, Ohio 44106
(216) 698-6545

Branch Offices - East

Garfield Heights Office
5555 Turney Rd.,
Garfield Hts., Ohio 44125
(216) 518-3332

Southeast Office
21100 Southgate Pk. Blvd., #3
Maple Hts., Ohio 44137
(216) 443-5214

EC/UC Regional Office
11811 Shaker Blvd., 4th Floor
Cleveland, Ohio 44120
(216) 698-7364

Branch Offices - West

Lakewood Office
12650 Detroit Ave.,
Lakewood, Ohio 44107
(216) 521-0334

Southwest Office
5361 Pearl Rd.,
Parma, Ohio 44129
(216) 443.5381

If you would like to speak with an Intake & Diversion Officer about your situation at the time you complete the required forms, you must call in advance and schedule an appointment. Every effort will be made to schedule an appointment within ten (10) business days.

If you have not scheduled an appointment, you may go to a branch office that is convenient for you, complete the required forms and leave them at the office for the Intake & Diversion Officer to review. Please be certain you provide accurate and current contact information. If any of your information changes following submission of your referral, it is your responsibility to notify the court of the changes.



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INSTRUCTIONS FOR COMPLETING THE REQUIRED FORMS

1. Juvenile Court Fact Sheet

DEFINITIONS

Juvenile Rule 9 states that "(A) In all appropriate cases formal action should be avoided and other community resources utilized to ameliorate situations brought to the attention of the court, (B) Information that a child is within the court's jurisdiction may be informally screened prior to the filing of a complaint to determine whether the filing of a complaint is in the best interest of the child and the public."

Juvenile Rule 10 states that "any person having knowledge of a child who appears to be a juvenile traffic offender, delinquent, unruly, neglected, dependent, or abused may file a complaint with respect to the child in the juvenile court of the county in which the child has a residence or legal settlement, or in which the traffic offense, delinquency, unruliness, neglect, dependency, or abuse occurred."

Subject's Information:

This section pertains to the child. The child's full **legal name, address, date of birth, gender and race are mandatory fields that must be completed without exception.** Please remember to provide a detailed physical description including eye and hair color, height, weight and any distinguishing marks observed. (I.e. piercings, scars, tattoos etc...) In the "In Custody Of" field, please provide the specific relationship of the person with whom the child resides, i.e. parents, mother, father, grandmother, aunt, etc...

Mother's Information & Father's / Alleged Father's Information:

The parent information sections are for the biological mother and father as defined through legal marriage and/or paternity testing only. Adoptive parents are also listed in this section. If the parents were never legally married or paternity has NOT been established, check the box in front of "Alleged Father's Information". "Unknown" or "N/A" can **never** be entered in the field for mother. The names of both parents should be provided even when the full address is unknown. If a parent is deceased, the name of that person is required. Write "DECEASED" in the address line. ***RACE, GENDER, and DATE OF BIRTH are mandatory requirements.**

Other Person's Information:

This section pertains to individuals other than the biological or adoptive parents with whom the child is legally residing, or in whose care the child has been placed, or is a party involved, such as a legal custodian, guardian, government agency, stepparents, partners etc. In the "Relationship" field, please provide the specific relationship of the person with whom the child resides, i.e. grandmother, aunt, sibling, stepparent, etc... ***RACE, GENDER, and DATE OF BIRTH are mandatory requirements.**

Complainant's Information:

The person submitting this referral to the court should enter all of his or her information in this section.

If you are handwriting the information on this form please use black or blue ink pen only. Please fill in the information as legibly as possible. Not being able to read/understand the information you provide might significantly delay processing your referral.



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2. Unruly Referral Questionnaire

This questionnaire asks several basic questions about the child. To make an appropriate decision regarding processing your referral, we must know as much as possible about past and/or current court involvement, **specific details** describing how the child is behaving that lead you to conclude he or she is unruly and may require court interventions, **when the problems began**, whether there are special needs and the services, if any, that are already in place. Please provide the names and telephone numbers of any counselors, social workers, therapists, doctors, etc., who are involved. The intake & diversion officer who reviews your referral may be required to contact these service providers to discuss the extent and types of services you are receiving. This necessary step takes place for many reasons, one of which is an attempt to avoid a potential duplication of services.

DIVERSION PROGRAMS

***Community Diversion
Program (CDP)***

3. Court Unruly Program (CUP) Parent Participation Agreement

While your referral is being reviewed, several factors are taken into consideration and established court guidelines determine the course of action the court will follow. Diversion programming is an alternative to official court action and in many situations is often the first step that will be taken. The court has several types of diversion programming to select from. One of the diversion programs available is the Court Unruly Program (CUP). This program is specifically designed for children who are committing unruly acts at home, school and in the community and provides a variety of services geared towards getting your child back on the right track. In the event that your referral is forwarded to the Court Unruly Program (CUP), the Parent Participation Agreement has been added to this packet for your review and signature. By signing this agreement, you are agreeing to participate in and comply with the program's requirements. The last page in this packet provides more details about the program and is added for your information. Failure to follow through, participate in and/or cooperate with diversion programming being offered could result in the case being closed with no further action taken.

***Court Unruly Program
(CUP)***

***Informal
Hearing/Conference***

4. Authorization for Release of Information

A signed Release of Information is requested from you in case the court and court contracted agencies, must communicate with other service providers as part of our decision-making process. The goal and purpose of any communication is to provide effective and coordinated services to assist your family.

Mediation

All allegations of a crime other than unruly behavior should be reported to your local police department along with supporting evidence and documents.

UNRULY REFERRAL CHECKLIST

- ✓ Juvenile Court Fact Sheet – MANDATORY REQUIREMENT
- ✓ Unruly Referral Questionnaire
- ✓ Court Unruly Program (CUP) Parent Participation Agreement
- ✓ Authorization for Release of Information
- ✓ Other relevant information to support your case

If you have any questions about the items on this checklist please refer to the “Instructions for Submitting an Unruly Referral” and/or contact a branch office to schedule an appointment with an Intake & Diversion officer to assist you. Submitting incomplete paperwork to the court will delay the processing of your case.

Court Use Only

Date In _____
 IDO _____
 Doc ID _____
 ICASE History Yes No Certification Yes No

Bypass Status
 Official Status
 Number of Co-delinquents _____
 Re-file Case # _____

Subject's Information

Last Name _____ First Name _____ MI _____ Alias _____
 Address _____ Apt _____ City _____ State _____ Zip _____
 Phone _____ In Custody Of _____
 Gender _____ Race _____ DOB _____ Age _____ SSN _____
 Height _____ Ft. _____ In. _____ Weight _____ Eye Color _____ Hair Color _____
 Distinguishing Mark _____
 Subject is a Twin, Triplet, etc. No Yes Name(s) _____

Mother's Information

Last Name _____ First Name _____ MI _____
 Address _____ Apt _____
 City _____ State _____ Zip _____
 Home _____ Work _____ Cell _____
 Gender _____ Race _____ DOB _____ SSN _____

Alleged Father's Information (Paternity Not Established)

Father's Information (Paternity Established)

Last Name _____ First Name _____ MI _____
 Address _____ Apt _____
 City _____ State _____ Zip _____
 Home _____ Work _____ Cell _____
 Gender _____ Race _____ DOB _____ SSN _____

Other Person's Information - Legal Custodian/Guardian/Other Party Involved

Last Name _____ First Name _____ MI _____
 Address _____ Apt _____
 City _____ State _____ Zip _____
 Home _____ Work _____ Cell _____ Relationship _____
 Gender _____ Race _____ DOB _____ SSN _____

Complainant's Information

Last Name _____ First Name _____
 Address _____ Apt _____ City _____ State _____ Zip _____
 Phone _____ Relationship/Agency _____
 Gender _____ Race _____ DOB _____ SSN _____
 Incident Date _____ Officer _____ Badge _____ Report # _____

Victim #1 Information

Last Name _____ First Name _____ MI _____
 Address _____ Apt _____ City _____ State _____ Zip _____
 Phone _____
 Gender _____ Race _____ DOB _____ Age _____
 In Custody O _____ Last Name _____ First Name _____

Notes

Subject's Information

Last Name	First Name	MI	DOB
Incident Date	Report #	Number of Victims	

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

Victim's Information

Last Name	First Name	MI		
Address	Apt	City	State	Zip
Phone				
Gender	Race	DOB	Age	
In Custody Of	Last Name	First Name		

CUYAHOGA COUNTY COURT OF COMMON PLEAS - JUVENILE COURT DIVISION
LEGAL DIVISION - INTAKE & DIVERSION UNIT
UNRULY REFERRAL QUESTIONNAIRE

Please answer all of the following questions completely and to the best of your knowledge. The accuracy of the information provided will assist the court in processing this unruly referral as quickly as possible. The assigned worker will notify you of the status of this referral in person, by telephone or letter.

I am submitting an unruly referral with respect to the following child/children: _____

*****Incident date time frame: From _____ to _____*****

1. Is your child currently on probation? yes no.
2. Has your child ever been on probation in this or any other county? yes no.
3. Do you and/or your child have any pending court hearings in this or any other county?
 yes no.

If yes, what county _____ and what kind of case?

Criminal Unruly Traffic Other _____
(Please explain)

4. Has your child ever appeared before a judge or magistrate in this county or any other county? yes no. If yes, what was the outcome? _____
5. Have you ever met with or spoken to an Intake & Diversion Officer to report problems you are having with your child? yes no.

If yes, who did you speak with? _____

How long ago? _____ (approximate month/year)

6. Are you and/or your child currently receiving any services offered in the community such as from a public agency, counseling agency, treatment center, primary physician, psychologist, psychiatrist etc.? yes no.

If yes, please provide the name of the person & agency currently assisting your family, their contact phone number, how long you have been receiving services, or date services terminated.

I am submitting an unruly referral with respect to the following child/children: _____

7. Do you have a social worker from the Division of Children & Family Services (DCFS) working with your family? yes no. If yes, what type of specific services and help are you receiving? _____

Please provide _____
Social Worker name Phone #

8. Does your child have any diagnosed mental health issues? (i.e. ADD, ADHD, Bi-Polar) yes no.

If yes, is your child prescribed any medications? yes no.

9. Does your child have an IEP at school? yes no.

10. Do you suspect any drug or alcohol use by your child? yes no.

11. In what way is your child misbehaving? **Please list the specific behaviors and what month and year the problems began?** Are the problems occurring predominantly at home or are there problems at school and in the community? Have any of the problem behaviors required police and/or legal intervention? _____

12. Have there been any recent acts of physical violence or threats of violence among family/household members in the home? yes no.

13. What kind of discipline or strategies have you tried in an effort to improve your child's behavior?

14. Briefly share any other background information you believe is relevant. Also note any other concerns or question you may have.

If you need to share additional information continue to the next page, otherwise please legibly write your printed name, sign, and date below.

Printed name

Signature

Date



Cuyahoga County Court of Common Pleas
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**COURT UNRULY PROGRAM (CUP)
PARENT PARTICIPATION AGREEMENT**

Your family has been referred to the Court Unruly Program [CUP], a service provided by OhioGuidestone. We know the parent is the most important person in the development of children. This program is designed for children who are engaged in unruly behavior at home, school and in the community. For this reason, the juvenile court recommends you and your family participate in this program.

Services offered may include:

- Individualized youth and family assessment
- Family services directly to the child and family
- Parent, child and family life skills building
- Group Services
- Referrals and linkages to needed community support services
- Linkage to OhioGuidestone systems [intensive in-home treatment, respite, family preservation services, etc.]

I, _____ have read the above and agree to participate as recommended. Failure to do so may result in the case being closed with no further court involvement.

Parent/Legal Custodian

Date



Cuyahoga County Court of Common Pleas Juvenile Court Division

9300 Quincy Avenue, Cleveland, Ohio 44106
(216) 443-8400

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose of form and uses of information: This authorization allows the checked systems and providers to share information about the within-referenced child. The information gathered will be used to assist in the decision-making process for handling the referral submitted to the Court.

Child's Name _____	Child's Social Security Number XXX-XX-_____	Child's Date of Birth (mm/dd/yyyy) _____
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the EXC box to consent to 2-way sharing OR
 Write (DIS) in the EXC box if only disclosing information OR
 Write (REC) if only receiving information.

Identify the child's school/district and any other systems or private providers whose information might help to provide better services.

EXC	
	Applewood Centers, Inc.
	Beech Brook
	Bellefaire JCB
	Catholic Charities Services Corporation
	Cuyahoga County Division of Children & Family Services (CCDCFS)
	Cuyahoga County Juvenile Court
	Cuyahoga County Tapestry System of Care
	OhioGuidestone
	The Covenant
	The Mokita Center, Inc.
	Murtis Taylor
	PEP Connections
	Other (Please specify)
	Other (Please specify)
	Other (Please specify)
	Other (Please specify)
	Other (Please specify)
	Other (Please specify)
	School/School District

Information to be exchanged: Please initial all that apply. (Include records from the previous 12 months, unless otherwise limited.)

- _____ Identifying information (name, birthdate, gender, race, address, telephone numbers)
- _____ Social Security Number, UCI number if any (for Medicaid purposes)
- _____ Education Records, per 34 CFR Part 99
- _____ Mental health records (personal/social history, psychological/psychiatric assessments, evaluations, treatment, & service history)
- _____ Juvenile Court records
- _____ Medical records (records of health care providers related to general health, EXCEPT HIV, AIDS & drug & alcohol treatment)
- _____ AIDS/HIV diagnoses, tests and other communicable diseases, as permitted by state and federal law
- _____ Alcohol and/or drug abuse treatment records as permitted by state and federal law (42 CFR Part 2)
- _____ Financial information necessary to establish eligibility for public assistance (This may include pay stubs, W-2 and tax return information and other general financial information)
- _____ Other - please specify: _____

Authorization

I authorize the checked systems and providers to exchange/disclose/receive the identified information about the within-referenced child for the reasons noted.

A reproduction of this authorization shall be considered as effective and be as valid as the original. This Authorization for Release of Information expires six (6) months from date of signing. This release may be revoked at any time if requested in writing by the client and/or parents/guardian prior to the forwarding of the information.

Printed Name: Parent/Legal Custodian	Signature	Date
Printed Name: Child (12 years of age or older)	Signature	Date
Printed Name: Witness/Agency/System	Signature	Date

Information used or disclosed may be subject to redisclosure and may no longer be protected under federal law

TO ALL AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED PURSUANT TO THIS AUTHORIZATION:

If the records released include information regarding any diagnosis or treatment of drug or alcohol abuse, the following statement applies: **PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENTS IN ALCOHOL OR DRUG ABUSE TREATMENT.** This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HIV RECORDS: If the records released include information of an HIV-related diagnosis or test results, the following statement applies: **This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnoses.**

ALL RECORDS: This information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release is prohibited unless expressly permitted by the person to whom it pertains, by Juvenile Court/DYS in the case of your records, or under applicable federal and/or state law.

TERMINATION

I, the parent/legal guardian named above, wish to terminate this authorization effective as of this date: _____

Signature of Parent/Legal Custodian _____ Witness's Initials _____



**Cuyahoga County Court of Common Pleas
Juvenile Court Division – Legal Division
Intake & Diversion Unit**

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION

Welcome to the Court Unruly Program, otherwise known as CUP. You have just made an important and positive step towards getting your child back on the right track. This program can help address problematic behavior and offer guidance and direction in the following areas:

- School Truancy/ Poor Grades/Learning Disabilities
- Mental Health
- Disrespect Towards Authority Figures
- Substance Abuse/ Chemical Dependency
- Referrals for Counseling
- Referrals to Address Previous Trauma or Abuse
- Running Away
- Parenting
- Various Other issues

The intake & diversion officer will review and process the unruly referral, after which, the following actions will take place. OhioGuidestone, the agency contracting with the court to provide services, will call your family within 24 hours to arrange a time to conduct an assessment. In most cases, this first appointment is scheduled within seven (7) calendar days. During this first meeting an individualized service plan (ISP) identifying problems, needs, and goals will be created and used as a guide while you and your child are actively participating in the program. After the ISP is complete, you and your child will be assigned to receive case management services for approximately four months. In some cases, services may be extended beyond this time frame.

Contact numbers:

OhioGuidestone:

Assessment

Larraine Stehlik, Intake Manager - 440-260-8597 or
Intake Group - 440-260-8300

OhioGuidestone:

Case Management/CPST Services

Jill Tayfel, Director of Juvenile Justice & Mentoring - 440-260-8417
Kathryn Senn, Supervisor – 440-260-8465
Andy Winchester, Supervisor – 440-260-8414