## Washoe County Youth Firesetter Intervention Referral Form

Please Print Clearly & Completely						Date of Referral					
Child's Name (Last, First MI)						Police/Fire Report #			# Inc	Incident Date	
Date of Birth	Age	Sex	Ra	ce		Schoo	l or Be	haviora	I School		
Child's Address		Cit		ity		State Zip Code		Grade			
Language Spoken At Ho	ome:					Interpr	eter Ne	eded?		Yes	No
<b>Please Check All</b>	that Ap	ply:									
Who Responded to the call?	Fire	Polic	e Scho	ool Police	So	chool Distr	rict Perso	nnel	Custodian	Sec	curity
	Parent - C	Guardian	No One			Oth	er:				
Method of ignition?	Matches	Lighte	er BBÇ	or Cand	le - Buta	ane Lighte	r	AXE Proc	duct C	ampfire	Stove
	Explosives	s - Type	Fireworks	Mol	otov Co	cktail	Flare	Othe	r:		
	Ignitable I	Liquid	Gas	Spra	y Can	Where c	lid child g	get match	es/lighters?		
	Structure	House	e Apartm	nent	Busine	ss Pa	ark/Rec S	tructure	Clas	sroom	Vehicle
What was burned or	Couch	Bicycle	Mailbox	Bed	Cloth	ning T	Toys	Paper	Leaves	Books	Bus
damaged. What area?	Brush	Private La	and Pub	lic Land:	Cit	y Co	unty	BLM	NPS	USFS	NDF
	Garage	Bedroo	m Close	t T	rash/Tra	ash Can		Other:			
Location where incident occurred?	Address:					City	,		State	Zip:	
	t Location Description or Business Name:										
	Description of Property:										
	Property Owner's Name:							F	Phone:		
Child's Demeanor & Actions	Youth Rem	norseful	Apologet	ic S	Sorry	Truthfu	l	Took Res	ponsibility fo	or Incident	
	No Remore	se No	n-Cooperative	e Ho	ostile	Lied	Cried	Blamed	d Others	Youth c	alled 911
	Child put fi	ire out	Used Water	Fire	e Exting	uisher	Left fi	re burning	g Youth	n called/tol	d parent
	Did Child A	ct Alone	?	Yes	No	Numbe	er of Cl	nildren	Involved	?	
	Child Arres	sted?		Yes	No	Was C	hild Cit	ted?		Yes	s No
Additional Information	Are there a	ny "No (	Contact Or	ders" v	with co	o-defen	dants?			Yes	s No
	Suspended	I from So	chool?	Yes	No	Referre	ed to th	ne YFS	Program	Yes	s No
Estimated Value:					Estima	ated Lo	ss:		_		
Please fill o	ut the fo	llowin	ig refer	ring a	agen	icy in	form	ation	comp	etely!	
Referral Agency:											
Contact Name:		Title			1	Email:					
Phone Number:	Fax:			:		Cell:					
Address											
PI	ease Com	plete Pa	age Two (	2): Pa	rent~	Guardi	an Info	ormatio	on		_

Please Attach Fire, Police, Agency, Court, or School District Incident Report with This Form

## Please fill out the following information completely

Parent or Guardian Information										
	Guardian/Paren	nt #1	Guardian/Parent #2							
Name										
Home #										
Office #										
Cell Phone										
E-Mail										
Address										
City/St/Zip										
	Does Guardian # 1 Work?	Yes No	Does Guardian # 2 Work?	Yes No						
	Was Guardian # 1 Notified?	Yes No	Was Guardian # 2 Notified?	Yes No						
	Were Parent/Guardians Told About the YFS Program?									
	Were Parent/Guardians Told To	Contact the YFS Progra	am Director?	Yes No						

NOTES (VERY IMPORTANT-Please give as much detail as possible):

Parent(s) or Guardian(s) Must Call to Register for the Class

Please E-Mail Completed Form To

Talina Sky

skyt@reno.gov

Office Phone: 775-326-6079

