



Broward County  
Juvenile Firesetter Prevention & Intervention Program

**YOUTH REFERRAL**

Please PRINT and complete ALL of the information below.

**REFERRAL AGENCY INFORMATION**

JFPIP Case #: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

JFPIP Office Use Only

Representative: \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**REFERRED JUVENILE'S INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

DOB: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Guardian's First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to Juvenile: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address (if different from above):

City

State

Zip Code

Primary Language Spoken: \_\_\_\_\_

Preferred Method to be contacted:  Phone  Email  Text

Caregiver present at time of incident?  Yes  No



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Names of other Individuals living in the home	Age	Relationship to child?

INCIDENT INFORMATION

Type of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Responding Agencies: \_\_\_\_\_

FD Incident #: \_\_\_\_\_ PD Incident #: \_\_\_\_\_

Property Type: \_\_\_\_\_

Structure Type: \_\_\_\_\_ Location of fire: \_\_\_\_\_

Items Ignited: \_\_\_\_\_

Ignition source? \_\_\_\_\_ Where was it obtained? \_\_\_\_\_

NARRATIVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attn:** Broward County Youth Firesetter Prevention and Intervention Program

**Mail:** 2601 W. Broward Boulevard. Room 3061. Ft. Lauderdale, FL 33312

**E-mail:** [FireRescue\\_PublicEducation@sheriff.org](mailto:FireRescue_PublicEducation@sheriff.org)

For questions, please call (954) 831-8210