Youth Firesetter Referral Form

Referring Officer/Agency:		
Contact number:		
Date of Referral:	_ Incident Dat	e:
Incident Address:		
Youth Information		
Youth's Name	Race:	Sex: M() F () DOB
Address:	City	State Zip
School currently attending:		Grade
Parents/Caregiver		
Father	Work#	Home#
Mother	Work#	Home#
Address where the family will reside if d		
Who lives in home? Include the names		in the home.
Incident Information		
Did the fire dept. respond? (Yes) (Ne	o) Where did the inc	ident take place:
Items ignited:		
Source of ignition: matches () lig	hter () <u>Unknown</u> (_) other ()
Others involved in incident?		
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Screening Interview Date	Action Taken (Official use)	

Email to: firesafe@buncombecounty.org or Fax 828-285-8307

Name of Interviewer		
Results: Fire Education	Referral to	

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