



Prevention Resources, Inc.

www.njprevent.com

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LEAP Coordinator: Amanda Kovacs
akovacs@njprevent.com

LEAP COVER SHEET

Date: _____ Attention to: LEAP Coordinator

RE: _____

Officer: _____ Department: _____

Phone: _____ Fax: _____

Pages Including Cover Sheet: _____

Message:

Notice: This paperwork is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you have received this communication in error do not distribute it and notify sender immediately by email, fax, or telephone at 908-782-3909 and delete the original message. Thank you.

LAW ENFORCEMENT ADOLESCENT PROGRAM (LEAP)
JUVENILE CONTACT APPREHENSION

JUVENILE NAME: _____

ADDRESS: _____

AGE: _____ BIRTHDATE: _____/_____/_____ GENDER: _____

CURRENT GRADE: _____ SCHOOL ENROLLED: _____

PARENT/GUARDIAN: _____

HOME PHONE #: _____ CELL PHONE #: _____

PARENT EMAIL: _____

JUVENILE OFFENSE: _____

DATE: _____ REFERRING OFFICER: _____

OFFICER PHONE #: _____ OFFICER EMAIL: _____

COMMUNITY SERVICE: Yes / No NUMBER OF SERVICE HOURS: _____

COMMENTS / ARREST INFORMATION / STIPULATIONS FOR COMPLETION:

PLEASE FULLY COMPLETE BOTH SIDES OF THIS FORM.

Please fax all information to 908-782-6025 to the attention of LEAP Coordinator,
Or scan via email to LEAP Coordinator, Amanda Kovacs, at akovacs@njprevent.com

POSSIBLE CONSEQUENCES OF DELINQUENT ACTS

The Law Enforcement Adolescent Program (L.E.A.P.) is a community based agency staffed by licensed therapists offering clinical services to families residing in HUNTERDON COUNTY. Law Enforcement works in conjunction with L.E.A.P. staff to provide individual, group, and family counseling for adolescents that have committed their first offense of the law. Our goal is to enhance the juvenile's ability to thrive, and avoid further violations of delinquency.

As part of the consequences, the juvenile may be subject to additional stipulations, such as community service hours, at the discretion of the referring officer or agency. Failure to complete the community service hours or comply with L.E.A.P. protocol or recommendations may result in referral to the Hunterdon County Juvenile Court resulting in possible criminal charges.

L.E.A.P. is a referral agency for juveniles who are first time offenders and commit minor violations.

Referral to the Law Enforcement Adolescent Program (L.E.A.P.) is at the discretion of Law Enforcement.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Juvenile's Signature: _____

Date: _____

The within information is disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR-Part2 AND CFR Parts 160 & 164) prohibits you from making further disclosure of it without the specific written consent of the person to whom it pertains or, as otherwise permitted by such regulations. A General Authorization for the release of medial or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute an alcohol or drug abuse client.

THIS RELEASE COMFORMS WITH REQUIREMENTS OF HIPAA PRIVACY RULES AND REGULATIONS AT 45 CFR, PARTS 160 & 164.

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