



STATE OF DELAWARE
OFFICE STATE FIRE MARSHAL

REBEKAH L. LEGAR, MS
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Referral Information

Date of Referral: Referred By:

Agency Referring:

Agency Address:

Office Phone: Cell Phone:

Juvenile Information

Juvenile's Name:

Sex: Race: DOB: Age:

Juvenile Address:

Home Phone:

Mother's Name: Mother's Phone:

Father's Name: Father's Phone:

Guardian's Name:

Juvenile Lives With: DFS Caseworker:

School Name: Grade:

Mental Health Information

Diagnosis / Diagnoses:

Medications:

Counseling Agency / Therapist: CMH Caseworker:

Incident Information

Date of the incident:

Incident Number:

Brief description of events:

Please note: Parent/guardian of the child must be aware of the referral and accepting of the inclusion of their child into this program prior to referral.

Fax to:

Rebekah L. Legar

302-739-3696