



New Milford Youth Agency's  
Juvenile Review Board

**Contact Form**

\* Type of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Name of Youth: \_\_\_\_\_ Youth's Cell #: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Referral Information:

Contact person name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

**\*Please send this sheet and a description of the incident to the Case Manager below:**

Case Manager:

Stacey Kabasakalian, skabasakalian@newmilford.org, 203-770-1464 cell

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NMYA \* 2 Pickett District Rd. \* New Milford, CT 06776 \* 280-210-2030