

# Dowagiac Fire Department Juvenile Firesetter Referral Form

## Child

Date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

## Parents/Legal Guardian

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Time of Day parents can be reached \_\_\_\_\_

## Description of firesetting behavior

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Person taking information \_\_\_\_\_

Agency Represented \_\_\_\_\_

**Please inform the family that a screener will contact them as soon as possible to schedule a screening appointment.**

*Please send a copy of this form to*

*Lt. Mike Mattix*

*Dowagiac Fire Department*

*103 Park Place*

*Dowagiac, MI. 49047*

*E-Mail [MMattix@dowagiac.org](mailto:MMattix@dowagiac.org)*