



Durango Fire and Rescue Authority

Juvenile Firesetter Intervention Referral Form

Referral Information

Referral Date: _____
Referral sources name: _____ Phone number: _____
Referral sources address _____
Street City State Zip
Date of offense: _____
Incident address: _____
Street City State Zip

Youth Information

Youth Name: _____ Sex M () F ()
Age: _____ DOB: _____ Phone: _____
Address: _____
Street City State Zip
School currently attending: _____ Grade: _____

Mother/Guardian: _____
Address: _____
Street City State Zip
Work Phone: _____ Home Phone: _____ Cell: _____

Father/Guardian: _____
Address: _____
Street City State Zip
Work Phone: _____ Home Phone: _____ Cell: _____

Incident Information

- Where did the incident/fire occur? _____
- Items ignited: _____
- Source of ignition: Matches () Lighter () Other - _____
- Others involved in incident? No () Yes ()

If available, list others involved names and phone numbers here:

Form filled out by: _____ Date: _____

Referring Agency:

Fax referral form to: Community Education – (970) 382-6028 or
Mail referral form to: DFRA, Community Education, 142 Sheppard Drive, Durango, CO, 81303

To make an appointment for an assessment and/or Juvenile Firesetter class call:
DFRA Community Education ~ (970) 382-6014