DISC VILLAGE

Client Name: _____ **MIS #:** _____

Date of Birth: _____ **SSN #:** _____

Address: _____

School _____ **Grade:** _____

Parent Name: _____ **Phone:** _____

Email: _____

Offense: _____ **Case #:** _____

Citation Date: _____ **Date of Contact:** _____

Did the client make contact within the 7-day contact requirement?   ☐ YES   ☐ NO

Issuing Agency: _____ **Officer Name:** _____

Comments: _____

Initial Client Communication Log:

Date:	Start Time:	End Time:	Notes:	Staff Signature / Credentials: