DESCHUTES COUNTY FAMILY DRUG COURT
REFERRAL FORM

REFERRING PARTY INFORMATION:

_____ _____ _____

NAME **DATE** **CONTACT NUMBER**

_____ _____

TITLE OR RELATIONSHIP TO INDIVIDUAL BEING REFERRED **AGENCY (IF APPLICABLE)**

REFERRAL INFORMATION:

NAME OF PERSON(S) BEING REFERRED
(MUST BE A PARENT OR IN A PARENTING RELATIONSHIP WITH THE CHILD(REN)

NATURE OF THE RELATIONSHIP TO CHILD(REN)
(MOTHER, FATHER, STEP MOTHER , STEPFATHER)

1. _____ _____
2. _____ _____

NAME(S) OF CHILD(REN)	DATE OF BIRTH & AGE OF CHILD(REN)	WITH WHOM DOES THE CHILD(REN) RESIDE (AT TIME OF REFERRAL)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PENDING CASES - PLEASE INCLUDE ALL KNOWN PENDING DEPEDENCY AND CRIMINAL CASE #S:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

PLEASE DESCRIBE WHY YOU THINK THIS PERSON(S) IS A GOOD CANDIDATE FOR FAMILY DRUG COURT:

IS THIS PERSON ON PROBATION? YES NO
NAME OF PROBATION OFFICER: _____

IS THIS PERSON CURRENTLY INCARCERATED YES NO

IF THERE ARE CO-DEFENDANTS, LIST THEIR NAMES & CASE #S?

WHEN ARE THE NEXT COURT APPEARANCES SCHEDULED?

_____ _____

DATE, TIME, CASE #, HEARING TYPE **DATE, TIME, CASE #, HEARING TYPE**