

MARION COUNTY DEPENDENCY PROBLEM SOLVING COURTS
(Dependency Drug Court and Early Childhood Court)
REFERRAL FORM
PLEASE PRINT NEATLY

Referring for (Circle One): Dependency Drug Court Early Childhood Court Both

General Case Information:

Mother's Name: Last _____ First: _____

Address (1): _____ City _____ Zip Code _____

Telephone #: _____ Email address: _____

Date of Birth: _____

Father's Name: Last _____ First: _____

Address (1): _____ City _____ Zip Code _____

Telephone #: _____ Email address: _____

Date of Birth: _____

Circle One: Legal Father Prospective Father Listed on Birth Certificate

First and last name of child(ren)	Date of Birth	School/Daycare (If in school, grade?)

Caregiver's Name: Last _____ First: _____

Address (1): _____ City _____ Zip Code _____

Telephone #: _____ Email address: _____

Case Style of Current Dependency matters:	Dependency Case #s:

Problem Solving Courts, Fifth Judicial Circuit
 110 NW 1st Avenue, Room 1-1062
 Ocala, Florida 34475

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Other Case Parties	
Name of Protective Investigator	
Name of Family Care Manager:	
Name of Family Care Manager Supervisor:	
Name of Guardian Ad Litem (GAL):	
Name of Mother's attorney:	
Name of Father's attorney:	
Other if applicable (include role):	
Other if applicable (include role):	

Printed name of person making the referral: _____

 Name of agency

 Date

 Signature

Please send to Program Coordinator: Martha Firkins
mfirkins@circuit5.org, 352-502-2228

*** Once referral is received by the program, the participant's attorney will be contacted for permission to discuss the program. If the participant and their attorney interested in moving forward, an intake appointment will be scheduled. ***

The Fifth Circuit Dependency Problem Solving Court programs do not discriminate against qualified applicants on the basis of race, color, religion, gender, age, national origin, marital status, handicap (disability) or veteran status or as otherwise prohibited by federal, state or local law.