## SUMTER COUNTY EARLY CHILDHOOD COURT REFERRAL FORM PLEASE PRINT NEATLY

	First:		
Address (1):	City		Zip Code
Telephone #:	Email address:		
Date of Birth:			
	First:		
Address (1):	Zip Code		
Telephone #:	Email address:		
Date of Birth:	<u> </u>		
Circle One: Legal Father Prosp	pective Father	Listed on Birth	Certificate
t and lost name of child/yan)	Data of Dirth	Cabaal/Da	veere (If in echeel grade)
st and last name of child(ren)	Date of Birth	School/Da	ycare (If in school, grade?
	· · · · · ·		
Caregiver's Name: Last		First:	
Address (1):	City		Zip Code
Telephone #:	Em	ail address:	
Case Style of Curre	ent Dependency	matters:	Dependency Case #s
Office of	the Court Administrate		it
	Sumter County EC 215 East McCollur		

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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.

Office of the Court Administrator, Fifth Judicial Circuit Sumter County ECC Court <u>215 East McCollum Avenue</u> <u>Bushnell, Florida 33513</u>