

HERNANDO COUNTY EARLY CHILDHOOD COURT
REFERRAL FORM
PLEASE PRINT NEATLY

General Case Information:

Mother's Name: Last: [Click or tap here to enter text.](#) First: [Click or tap here to enter text.](#)

Address (1): [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) Zip Code: [Click or tap here to enter text.](#)

Telephone #: [Click or tap here to enter text.](#) Email address: [Click or tap here to enter text.](#)

Date of Birth: [Click or tap here to enter text.](#)

Father's Name: Last [Click or tap here to enter text.](#) First: [Click or tap here to enter text.](#)

Address (1): [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) Zip Code: [Click or tap here to enter text.](#)

Telephone #: [Click or tap here to enter text.](#) Email address: [Click or tap here to enter text.](#)

Date of Birth: [Click or tap here to enter text.](#)

Check 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: [Click or tap here to enter text.](#) First: [Click or tap here to enter text.](#)

Address (1): [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) Zip Code: [Click or tap here to enter text.](#)

Telephone #: [Click or tap here to enter text.](#) Email address: [Click or tap here to enter text.](#)

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

Hernando County Early Childhood Court, Fifth Judicial Circuit
 20 N. Main Street
 Brooksville, FL, 34601

HERNANDO COUNTY EARLY CHILDHOOD COURT
REFERRAL FORM
PLEASE PRINT NEATLY

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: Click or tap here to enter text.

Click or tap here to enter text.

Name of agency

Click or tap to enter a date.

Date

 Signature

Please send to ECC Coordinator: Carissa Diefel
cdiefel@circuit5.org, 352-584-0543 and
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.

Hernando County Early Childhood Court, Fifth Judicial Circuit
 20 N. Main Street
 Brooksville, FL, 34601