### MARION COUNTY DEPENDENCY PROBLEM SOLVING COURTS

# (Family Treatment Court and Early Childhood Court) REFERRAL FORM

#### PLEASE PRINT NEATLY

Referring for (Circle One): Fa	·	•			
General Case Information:  Mother's Name: Last		First:			
	CityZip Code				
	Email address:				
	Last 4 SSN: Race:				
Father's Name: Last					
	City				
	Email address:				
	Last 4 SSN: Race:				
Circle One: Legal Father Pro					
· ·	•				
and last name of child(ren)	Date of Birth	School/D	aycare (If in sc	hool, grade	
•		F: (			
	First:				
Address (1):					
Telephone #:	Ema	ail address:			
Case Style of Current Dependency matters:		Dependency Case #s			
Case Style of Cui	rrent Dependency r	natters:	Depende	ncy Case	
				_	

Problem Solving Courts, Fifth Judicial Circuit 110 NW 1<sup>st</sup> 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.