



SUPERIOR COURT OF CALIFORNIA

COUNTY OF SANTA CRUZ
COLLABORATIVE COURTS OFFICE
701 OCEAN STREET
SANTA CRUZ, CA 95060
(831) 420-2498
www.santacruzcourt.org

Family Preservation Court Referral

Client Name: _____ Date of Referral: _____

DOB: _____ Gender: _____ Phone number: _____

Referral Source Name: _____ Referral Source Phone Number: _____

Interpreter: ☐ Yes ☐ No Language: _____

Dependency Case Number:

Children's Name & DOB:

Current Case Progression Status:

☐ Investigation & Dates:

☐ Jurisdiction Order Date:

☐ Dispositional Order:

WIC Code: _____

Dependency Case Status:

☐ Family Reunification

☐ Family Maintenance

☐ Bypass

☐ Unknown

Parents Provided Services:

☐ Mother ☐ Father

Parents relationship status:

☐ Intact ☐ Not intact

Six-Month Dependency Review Hearing date:

Name of Social Worker Assigned:

SUDS:

Name of SUDS Coordinator:

SUDS Assessment Status and Location:

☐ Residential _____

☐ IOP _____

☐ OP _____

Check the box for the Current resources being accessed and list provider:

☐ Parents Center:

☐ Leaps & Bounds:



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☐ Parent Mentor Team:

☐ Other: _____

Do you have Medi-Cal: ☐ Yes ☐ No ☐ Don't know

Primary Care Provider:

Housing Status:

☐ Shelter ☐ Street/Outdoors ☐ Housed

☐ Don't Know

Transportation:

Do you have reliable transportation: ☐ Yes ☐ No

Employment:

Employed: ☐ Yes ☐ No

Work Schedule:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

Hours per week: _____

Additional information: