

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:	Parents Provided Services: ☐ Mother ☐ Father
Children's Name & DOB:	Parents relationship status:
	☐ Intact ☐ Not intact
	Six-Month Dependency Review Hearing date:
Comment Cons Businessian Status	Name of Social Worker Assigned:
Current Case Progression Status: ☐ Investigation & Dates:	SUDS:
☐ Jurisdiction Order Date:	Name of SUDS Coordinator:
☐ Dispositional Order:	SUDS Assessment Status and Location:
WIC Code:	
	□ OP
Dependency Case Status: ☐ Family Reunification ☐ Family Maintenance ☐ Bypass ☐ Unknown	Check the box for the Current resources being accessed and list provider: □ Parents Center:
	☐ Leaps & Bounds:



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☐ Parent Mentor Team:	Employment: Employed: □ Yes □ No
☐ Other:	Employed. El res El No
Do you have Medi-Cal: ☐ Yes ☐No ☐ Don't know Primary Care Provider:	Work Schedule: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday Hours per week:
Housing Status: □Shelter □Street/Outdoors □ Housed □Don't Know	
Transportation:	Hours per week.
Additional information:	