

REFERRAL FORM FOR CHILD ADVOCATES LEGAL SERVICES

Name of Referral Source: _____

Contact information for Referral Source: _____

Name of Agency or Individual requesting legal assistance if different from referral source:

Contact info for Agency or Individual requesting legal assistance if different from referral source:

Case type or activity type (select one):

CHINS Termination of Parental Rights Guardianship/Third party custody Appeal
Training Immigration CAPTA Other

County – (provide specific options): _____

Cause number – if this referral is for the purpose of filing a new case such as a TPR or a Guardianship, please provide the cause number for the underlying CHINS case. : _____

Next hearing date (if date set): _____

Current Status of Case and Description of Legal Need:

