

Family Reunification Court
Referral for Contact Form

Parent's Name: _____ Case Number(s): _____

Attorney: _____ Assigned Judge: _____

Referral Source (with contact number): _____

Parent's Current Address: _____

Parent's Phone Number: _____

Parent's Email Address: _____

AoD Diagnosis (if available): _____

General Eligibility Factors:

Parent has an open abuse, neglect and/or dependent court case pending in Lorain County Domestic Relations Court.

Parent has a substance abuse concern.

NOTES:

*** Upon completing this referral for contact, please email this form to Courtney Porter at Courtney.Porter@lcfct.org.**

* Referral is confidential and only reviewed by Family Reunification Court team members for acceptance into the program. Admission into Family Reunification Court ultimately is within the discretion of the Family Reunification Court Judge.

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FAMILY REUNIFICATION COURT TO COMPLETE

FRC Coordinator

Date Referral Received

Referred Parent is:

Eligible and is willing to participant in FRC

Eligible but declining to participant in FRC

Ineligible

Reason for Ineligibility: _____

Reason Parent Declined: _____