



SUPERIOR COURT OF CALIFORNIA
HUMBOLDT COUNTY



HOOPA VALLEY
TRIBAL COURT

FAMILY WELLNESS COURT

Initial Referral Form

Date: _____ Submitted By: _____

Email: wellnesscourtcoordinator@gmail.com

Contact: Hazel Ferris, FWC Coordinator, (530) 625-4305 ext. 303

Parent Information	Case Details
Parent's Name:	Case(s) #:
DOB:	Case Name:
Address:	Next Dependency Court Date:
Phone:	Hearing Type: <input type="checkbox"/> DET <input type="checkbox"/> JUR <input type="checkbox"/> DISPO <input type="checkbox"/> 6MR <input type="checkbox"/> Other
Email:	Status of Dependency Case:
Hoopa Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Member of a Federally Recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Joint Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Family/Case Description	
Prior Dependency Case? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Prior Referral to FWC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:



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Child(ren)'s Names	DOB	Gender	Current Placement	Detention Date

Contacts	Name	Phone	Email
County Social Worker			
HVT CFS Social Worker			
Parent's Attorney			
Parent's Attorney			
Child's Attorney			
County Counsel			
Additional Contacts:			



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Additional Applicable Information: