

SUPERIOR COURT OF CALIFORNIA HUMBOLDT COUNTY

FAMILY WELLNESS COURT

Initial Referral Form

Date: ______ Submitted By: ______

Email: wellnesscourtcoordinator@gmail.com

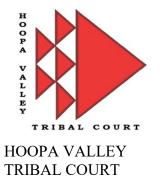
Contact: Hazel Ferris, FWC Coordinator, (530) 625-4305 ext. 303

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

Family/Case Description	
Prior Dependency Case? \Box Yes \Box No	Explain:
Prior Referral to FWC? \Box Yes \Box No	Explain:



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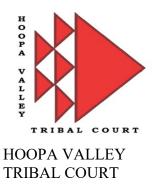
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Child(ren)'s Names	DOB	Gender	Current Placement	Detention Date

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: