



# CLC4 Pre-Filing Intervention Referral Form

## Referral Date

Nov 
 29 
 2021

Youth

**Dependency Case No. \*** 
**First Name \*** 
**Last Name \***

**Birth Date \***
 Month 
 Day 

**Gender**
 
**Race/Ethnicity**
 
**Phone Number**

**Living Situation**
 
**Street Address**

**City** 
**Postal Code** 
**State/Province**

**If youth is living in a placement, what is the placement phone number?**

**Specify Caretaker Type**
 
**Individual Name** 
**Relationship to Youth** 
**Phone**

Expecting and Parenting

**Does the youth have children? \***

**This client is a: \***

**How would you like us to work with your client? \***

Dependency Contact Information

**Attorney Name** 
**Phone** 
**Email**

**Supervisor Name** 
**Phone** 
**Email**

**DCFS CSW Name** 
**Phone** 
**Email**

DCFS SCSW Name	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Upcoming Court Dates (if known)

Next Dependency Court Date				Time	Hearing	Dept. No.
Month <input type="text"/>	Day <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/> <input checked="" type="radio"/> am <input type="radio"/> pm	<input type="text"/>	<input type="text"/>

Additional CLC Information

**Is there a companion case? \***

**Is there a conflict history? \***

**Any relationship (positive or negative) with another CLC client? \***

Please provide a short summary of youth's issues and status of parenting case (e.g., include any court-ordered recommendations).

Submit