

COURT/ATTORNEY REFERRAL TO DOMESTIC RELATIONS COUNSELING BUREAU

The following referred person(s) are to report to the Domestic Relations Counseling Bureau, 227 W. Jefferson Blvd., Room 820 County-City Bldg., South Bend, Indiana 46601 (574) 235-9662, with a copy of this form.

Cause Number _____

Parties' referred for services

Mother Other _____

Father Other _____

Other person _____

Name/Relationship

CHECK SERVICES REFERRED FOR PARTIES:

- Screening Assessment for special needs, high-risk issues or multiple interventions
- Reconciliation (pre-divorce) counseling
- Training
 - DRCB overview class (Screenings, Mediations, Evaluations, and Case Management)
 - High conflict** counseling workshops (DRCB) (use Workshop Referral Form)
 - Parenting skills education/counseling workshops (DRCB) (use Workshop Referral Form)
 - Co-parenting skills education/counseling workshops (DRCB) (use Workshop Referral Form)
 - Co-parenting class(es) (CAID and Divorce-Ed)
 - Co-parenting divorce education class (Divorce-Ed) only
 - Co-parenting divorce education class (CAID) only
- High conflict** co-parenting counseling (No protection order for community referral)
- DRCB Mediation
- DRCB Mediation and Case Management (case management for two years following agreement)
 - Parenting Time (re-unification PT to re-introduce or establish relationships, time limited)

COURT ORDERED SERVICES ONLY:

- Case Management (status reports for one year on Court orders)
 - Parenting Time (re-unification PT to re-introduce or establish relationships, time limited)
- Parenting Coordination (screening, mediation, case management, evaluation)
- Evaluations
 - Child Custody evaluation (includes *In Camera* Interviews of Minors and Home Visit Reports)
 - Parenting Time evaluation (includes *In Camera* Interviews of Minors and Home Visit Reports)
 - Issue-Focused evaluation on specific issues only: (relocation, education, medical, etc.)
- _____ & _____
- Grandparent Visitation evaluation
- In Camera Interviews* of Minor Child(ren), exclusive of evaluation
- Home Visit Report, exclusive of evaluation
- Other: _____

Order/Referral Date _____

JUDGE/MAGISTRATE/ATTORNEY

INSTRUCTIONS

1. Forms are to be provided to the parties at time of hearing with the original to be maintained in Court or Client file.