STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

_____
Petitioner,

v.

D-202-_____
Related to: _____

_____
Respondent.

COURT CLINIC REFERRAL ORDER

THIS MATTER came before the Court and the Court, having determined that the parties require assistance in resolving custody and timesharing issues and that participating in Court Clinic services is in the best interests of the parties' child(ren), the Court FINDS:

1. **The above referenced case involves the following child(ren):**

Name (First, Last)	Age	Month/Year of Birth
_____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____

2. The Court needs additional information pursuant to NMSA 1978 §40-4-9.1 (1999) in order to determine the best interest(s) of the child(ren). The parties are ordered to fully participate in the following service(s):

A. ☐ Mediation pursuant to NMSA 1978, §40-12-3(F) (1987).

The parties will discuss:

☐ Full Parenting Plan
☐ Specific non-financial issue(s) - identify below

_____

i. ☐ If mediation is not successful, the parties will participate in the **Scheduled Consultation** below.

If a party fails to follow through with attending the mediation session(s), the Court Clinic will close its case and not proceed to the Scheduled Consultation.

☐ If mediation is not successful, the Court Clinic will close its case and file a Mediation Status Report. Parties may file to bring the matter back to Court.

B. ☐ Scheduled Consultation with suggestions presented by testimony at a report back hearing pursuant to LR 2-401.

i. **Specific Referral Question(s) for the Court Clinic to address in the Scheduled Consultation(*required*):**

_____

_____

_____

_____

_____

_____

ii. The Court Clinic shall also address the following:

☐ Legal Custody

☐ Timesharing/Visitation

☐ Educational concerns

☐ Relocation

☐ Grandparent visitation

☐ Substance use/abuse

☐ Safety concerns

☐ Criminal history

☐ Mental health concerns

☐ Social Media concerns

☐ Gatekeeping Concerns re: ☐ Petitioner ☐ Respondent

☐ Co-parenting concerns

☐ Separate order for classes completed

☐ Assess for degree/history of Intimate Partner Violence (IPV)

☐ Concerns re: Significant Other (Identify Name & Concern)

_____

☐ Breakdown in relationship between: _____

☐ Other: _____

C. ☐ Regular On Call Consultation (non-emergency) with suggestions (within the scope of the tasks completed) presented by testimony at a report back hearing pursuant to LR 2-401.

i. **Specific Referral Question(s) for the Court Clinic to address in the Regular On Call Consultation (*required*):** _____

_____

_____

ii. Task(s) Ordered for the Court Clinic to complete:

☐ Child Interview – *Name(s)* _____

☐ Parent/Child Observations
With ☐ Petitioner ☐ Respondent ☐ Other Individual *(Identify below)* *List Child(ren)Name(s) below:*

_____

_____

The Clinician may contact other individuals/agencies deemed necessary to address the Court's referral question(s)

The Clinician may request and review any documents deemed necessary to address the Court's referral question(s)

IT IS THEREFORE ORDERED:

1. The parties and the child(ren) shall participate in Court Clinic services as set forth herein.

2. **Compliance with this Referral Order includes all of the following:**

   a. Fully completing questionnaires by the designated timeframes;

   b. Paying fees in full by the designated timeframes;

   c. Attending and participating in scheduled appointments.

   d. Cooperating with Court Clinic requests for additional information/documents.

The Court Clinic shall file a Notice of Non-Compliance for any party who fails to comply with any of the above and the Court Clinic will close its case. The Court may schedule a hearing and impose sanctions as may be appropriate.

3. **Parties are responsible for keeping the Court Clinic updated regarding their U.S. mail address, email address and phone number(s).**

4. **Mediations:** If a party objects to a draft Parenting Plan, the party will send objections to the other party and the Court Clinic. Objections to draft Parenting Plans are not filed in the court record. The Court Clinic will address any objections. If either party objects to a draft Parenting Plan, the parties shall follow the prior Order of the Court until the objections are resolved or further Order of the Court.

5. **Supplemental Information:**

   a. The Court Clinic shall consult with and receive information from individuals and agencies deemed necessary by the Court Clinic.

   b. The Parties shall provide the Court Clinic with all information requested, including documentation, and they shall sign Release of Information forms deemed necessary by the Court Clinic.

   c. The Court Clinic may complete an order for drug testing for any party if the Court Clinic has concerns about substance use.

6. **Questionnaires:**

   The Court Clinic will send questionnaires to Parties via email or U.S. mail. The request from the Court Clinic will include the date the fully completed questionnaires are due. Parties are provided with two opportunities to return the fully completed questionnaires. Please do not attach additional documents with your questionnaire. You will receive instructions regarding additional documents from your clinician. Failure to return or fully complete the questionnaires will be considered non-compliance. If you have not received a questionnaire within fifteen (15) days of the filing of this Order, please contact the Court Clinic at albdcourtclinic@nmcourts.gov or (505) 841-7409.

7. **Notice of Appointments for Court Clinic Service**

   a. Appointments will only be scheduled after the Court Clinic receives fully completed questionnaires and parties have paid their fees in full for the service ordered.

b. The Court Clinic will set a date and time and notice will be mailed to all parties ordered to participate in Court Clinic services, as well as their legal counsel, if any.

8. Hearing:

A hearing date and time will be requested by the Court Clinic. Notice will be sent to parties and/or counsel.

9. **Fees for Court Clinic Services:** ***(please consult court website for current fee scale; please use dollar amount, not percentages).*** The Court Clinic shall issue a Notice of Fees Due upon receipt of the Court Clinic Referral Order. Fees will be due at the same time as completed questionnaires are due. **Without completed questionnaires and fees paid in full, the Court Clinic will be unable to proceed and a Notice of Non-Compliance will be filed.**

Fees are paid directly to the Domestic Relations clerk's office.

To pay in-person: Cash, money orders, and cashier's checks are accepted. Money orders and cashier's check shall be made payable to the Clerk of the District Court.

Out of area parties: may have counsel pay in-person or send payment via money order or cashier check made payable to the Clerk of the District Court to:

Domestic Relations Clerk's Office

Second Judicial District Court
400 Lomas NW
Albuquerque, NM 87102

a. Mediation Fees:

$_____ Petitioner

$_____ Respondent

$_____ Other

b. **Consultation Fees:**

$_____ Petitioner

$_____ Respondent

$_____ Other

10. **Confidentiality of Court Clinic File:** The Court Clinic file (including but not limited to: documents, reports, testing materials and results, and notes) is confidential and information contained therein shall not be disclosed other than by a Clinician testifying in the above-referenced case or by Order of the Court. Court Clinic files are not subject to the Inspection of Public Records Act (NMSA 1978, §14-2-1, *et seq*. (2019)).
11. **Notification of Agreement:** The parties shall timely notify the Court Clinic if an agreement is reached by the parties and they shall provide the Court Clinic with any order that disposes of any issue(s) in this case.
12. **Communication with the Court Clinic:** The best method of communicating with the Court Clinic is by email: albdcourtclinic@nmcourts.gov

    Phone: (505) 841-7409; Fax: (505) 841-6768.
13. **Interpreter:**

- ☐ One or more party requires an interpreter.
  - ☐ Petitioner—Language: _____
  - ☐ Respondent—Language: _____

Reviewed/approved by:

_____
Petitioner/Counsel for Petitioner

_____
Respondent/Counsel for Respondent

Approved by:

_____
COMMISSIONER/
HEARING OFFICER

_____
DISTRICT COURT JUDGE

Court Clinic Referral Order Information Sheet

Please Complete Fully

	Petitioner	Respondent
Name (Please print)		
Year of Birth		
Address		
City, State, Zip		
E-mail address (one that you use frequently) ***This is our primary method of communication with parties***		
Telephone: Home Cell Work		
Attorney's Name		
Telephone		
Gross Monthly Income:	$_____	$_____

I state that the above information is true and correct. I have completely filled in all information. I understand that failure to complete all information will cause delay in services and may result in a Notice of Noncompliance against me. I agree to pay the Second Judicial District Court my share of any fees for Court Clinic services. I understand that false statements or failure to pay fees may be grounds for contempt proceedings.

_____ _____

Signature of Petitioner Signature of Respondent

_____ _____

Date Date