

**FAMILY COURT REFERRAL FORM
TO: CENTER FOR SELF HELP AND DISPUTE RESOLUTION**

Case Number: _____

Assigned Judge: _____

Case Caption: _____ vs.

Petitioner's Atty: _____ Respondent's Atty: _____

Self-Represented Party Contact Information:

Pet's Name: _____ Resp's Name: _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

Requested by: Court Petitioner Respondent Both Other _____

I. Background Information:

A. Trial Date and/or other important dates: _____

B. Primary Issues: Custody/Time-sharing Asset/Debt Distribution
 Child Support Spousal Support Tax or other financial issues
 Other _____

C. Gross Monthly Income: **Petitioner:** _____ **Respondent:** _____

D. Interim Income & Expense Order Entered? YES NO

E. Relationship Status: Married Divorced Never Married

F. Need Interpreter? Petitioner Respondent Language: _____

G. Domestic violence or abuse concern? YES NO UNKNOWN

H. Has case also been referred to Court Clinic? YES NO UNKNOWN

I. Special considerations or requests? _____

II. **Services:** **Settlement Facilitation** (Complete Part III below)-Deadline: _____

Number of facilitators requested: One Two

Preferred facilitator type (attorney, mental health, accountant): _____

Parties stipulate to _____ as facilitator(s) (optional)

III. Settlement Facilitation Only - To be Completed by Judicial Officer:

A. Facilitator(s):

Court appoints parties' stipulated facilitator(s) listed above, or

Court appoints: _____, or

Center for Self Help and Dispute Resolution selects facilitator(s) for Court approval.

B. Fee Assessed:

Flat fee of \$750.00 + tax (for a 4 hour block of time), or

Facilitator(s) normal hourly rate + tax, or

Other: _____, or

Pro Bono

C. Fee Allocation: (The Court reserves the right to reallocate fee between the parties).

Petitioner Pays _____%, Respondent pays _____%, or

Petitioner Pays \$_____, Respondent pays \$_____, or

Other: _____

D. DV Screen:

Standard Screening Protocol, or Assign to DV Facilitator, or No Standard Screening Protocol

RECOMMENDED BY:

HEARING OFFICER **Date**

APPROVED BY:

DISTRICT COURT JUDGE **Date**