CROSSROADS FOR FLORIDA KIDS

Dependency Referral Form for AAL Legal Representation

Please email completed form to scott@crossroadsfloridakids.org

Date: **Date Sheltered:**

Name of Prospective Client:

Gender: **Date of Birth:** **Phone #:**

Case Number(s) (Delinquency & Dependency):

Current Residence (Name/Address):

Next Hearing Date:

Parties/Participants:

Name of **Father**: Counsel for **Father:**

Name of **Mother**: Counsel for **Mother:**

Name of **GAL** assigned:

Phone: Email:

Name of **CLS Attorney** assigned:

Name of **Caregiver**:

Phone: Email:

Name of **Case Manager**:

Phone: Email:

Name(s), Age(s) and Counsel for Sibling(s):

LEGAL NEEDS/SPECIAL CIRCUMSTANCES (Check any that apply)

- □ Mental Illness
- □ Substance Abuse
- □ Counseling Needs
- □ Education/School Needs
- □ Transition Plan Assistance
- □ Additional Information:_____
- □ Intellectual Disability/Autism
- □ Human Trafficking
- □ Transportation Needs
- □ Medical Benefits/Needs
- □ Independent Living Services

_____

Circuit Judge or General Magistrate, Juvenile Dependency
Thirteenth Judicial Circuit

Note: Referral Information is required for conflict checking purposes