

Orange County Courthouse
 106 East Margaret Lane
 Hillsborough, NC 27278
 Fax: (919) 640-1729



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FAMILY TREATMENT COURT REFERRAL

PARENT INFORMATION

Parent's name					Primary phone #		
Date of birth		Race		Gender		Last 4 of SSN#	
Address				City			Zip

Other parent information, **including additional phone numbers or email**, if available

Parent's attorney		Social worker	
Parent's next DSS court date		Parent's probation officer <i>(if applicable)</i>	
Please list any recent or pending CFT meeting			

ELIGIBILITY CONSIDERATIONS

Does the parent admit to having a substance abuse problem?	yes <input type="checkbox"/>	no <input type="checkbox"/>	unk <input type="checkbox"/>
Is the parent primarily a substance user, as opposed to primarily being a dealer?	yes <input type="checkbox"/>	no <input type="checkbox"/>	unk <input type="checkbox"/>
Does the parent have a significant history of violent or predatory behavior?	yes <input type="checkbox"/>	no <input type="checkbox"/>	unk <input type="checkbox"/>

PETITION INFORMATION

CHILD(REN)	GENDER	AGE	PETITION #	DATE OF PETITION
Custody status of child(ren)				

REASON FOR REFERRAL *(list previous positive drug screens, previous treatment attempts, other evidence of substance abuse)*

REFERRAL SOURCE

Name of person making referral <i>(print)</i>		Date of referral	
Title and/or agency			