

**REQUEST FOR REFERRAL  
BY FAMILY SERVICES**

JD-FM-230 Rev. 3-21

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
www.jud.ct.gov**Instructions to Family Relations Counselor/Supervisor:**

1. Request to be filled out by the Family Relations Counselor/Supervisor.
2. Check the applicable boxes in the request.
3. Indicate the length of time requested to complete the referral.
4. Submit completed request to the court at the time of referral.

**Instruction to Clerk:**

Retain original in court file and provide a copy to the Family Services Office.

Court Use Only

**REQREF**

Name of case

Docket number

Judicial District of

Address of court

**Family Services Request for Referral**

Family Services has screened the above matter and is recommending the following:

- ☐ Case Management \_\_\_\_\_
- ☐ Mediation
- ☐ Conflict Resolution Conference
- ☐ Issue Focused Evaluation
- ☐ Comprehensive Evaluation
- ☐ Family Relations Pretrial
- ☐ Access to prior sealed CSSD-Family Services reports

Referral will address the following issues:

Requested time to complete referral \_\_\_\_\_

Requested by (Name of Family Relations Counselor/Supervisor)

Date signed

**Order of Court**

The court has reviewed the above request for referral by Family Services and the request is hereby:

- ☐ Granted
- ☐ Granted, with the following changes:

\_\_\_\_\_

☐ Denied

By the court

On (date)

Signed (Judge/Assistant Clerk)

Date signed

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).