

**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.

Court Use Only

**REQREF****Instruction to Clerk:***Retain original in court file and provide a copy to the Family Services Office.*

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
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**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).