

**Ottawa County Court of Common Pleas  
Juvenile Division  
Family Dependency Treatment Court  
Referral Form**

**Disqualifying Factors:**

- Reason for removal is serious physical abuse by potential participant.
- Reason for removal is sexual abuse by potential participant.
- A history of serious physical and/or sexual abuse.
- Long-term noncompliance with mental health treatment.
- A history of serious violent criminal acts.'

**Qualifying Factors:**

- Abuse, neglect and/or dependency complaint filed in Juvenile Court with underlying issue of parental substance abuse or mental illness.
- Parent is a resident of Ottawa County.
- Parent demonstrates an interest in cooperating in rule and guideline of program.

Date of Referral: \_\_\_\_\_

Date Received: \_\_\_\_\_

Referred by: \_\_\_\_\_

Agency: \_\_\_\_\_

## Background Information

### Personal Information (please print)

Name (Last, First, and Middle Initial):	DOB:	Age:
Street Address:	City	Zip Code
Home Phone:	Work Phone:	Race
Social Security No.	Aliases:	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Children's Name(s):	Children's Address: same as above	City and Zip same as above
Home Phone Same as above	Living with: parents	Placed: Y <input type="checkbox"/> N <input type="checkbox"/>
Insured: Y <input type="checkbox"/> N <input type="checkbox"/> Company Name: Medical Mutual	Group Number	ID Number

## Court Information

Case#	Date of Case:
Arraignment: Y <input type="checkbox"/> N <input type="checkbox"/>	

Charges (include Priors)	Degree	Case No.	ORC No.	Current (C) or Pending (P)

## Substance Use and Treatment History

Please explain any evidence of family substance use and abuse.

History of substance abuse treatment: (include specific agencies and dates of participation).

Urine drug screen history: (including last test date and results, as well as substances tested for)

## **Mental Health Information**

Current mental health diagnosis:

Current mental health treatment. Include the name of the counselor, agency, and describe youth's treatment compliance).

Current **medications**: (list medications, dosages, and compliance and note if the medication is prescribed by a psychiatrist or family physician).

Past suicide attempts/threats: Y  N  If yes, please explain.

Biological family mental health history (include diagnoses and treatment):

## **Attitude and Compliance**

Please describe parental compliance with past court orders.