

FDTC **Family Drug Treatment Court**

Snohomish County Superior Court
3000 Rockefeller Ave
Everett, WA 98201

REFERRAL FORM

Name of Candidate: _____

Candidate's Phone Number: () - _____ DOB: _____

Child's (Children's) Name(s): _____

Cause Number(s): _____

Your Name (as the Referent): _____

Social Worker: _____ Phone Number: _____

Location of Case: _____ Status of Case: _____

Candidate's Attorney: _____ Phone Number: _____

Please Answer the Following Questions:

Is the PRIMARY (or CONCURRENT) PLAN with this case RETURN HOME: Y / N

Is the TERMINATION OF PARENTAL RIGHTS being considered, submitted to AAG or trial scheduled with this case: Y / N

Has the Child(ren) in this case been in Out Of Home Care more than 6 of the last 19 mos: Y / N

Does this client have any other ACTIVE DEPENDENCY CASES w/DCFS: Y / N

Does this client have any Felony Violent Crime convictions or Sex Offenses? Y / N

Additional Comments:

Upon completion of this document, please **FAX**, mail or deliver to:

Edmund Smith
Family Drug Treatment Court Coordinator
Snohomish County Superior Court
3000 Rockefeller, M/S #502 – Room C115
Everett, WA 98201
Direct: (425) 388-3486
Fax: (425) 388-3597