

IN THE FAMILY COURT OF ST. LOUIS COUNTY, MISSOURI

DOMESTIC RELATIONS SERVICES REFERRAL FORM

Case Number: _____

Service Requested:

- General Screening for Services
- Assistance in Developing a Custody Plan
- Screening for Family Therapy
- Screening for psychological evaluation
- Supervised Visits: (attach order for supervised visitation)

Initiated By:

- Respondent's Attorney
- Petitioner's Attorney
- Guardian Ad Litem
- Judge

Legal Status:

- Pre Dissolution
- At Dissolution
- Motion to Modify/Contempt
- Adult Abuse
- Paternity
- Family Access

PETITIONER:

Name: _____ Age: _____ Spouse, if remarried: _____

Address: _____

Telephone: _____ Email: _____

RESPONDENT:

Name: _____ Age: _____ Spouse, if remarried: _____

Address: _____

Telephone: _____ Email: _____

CHILDREN: Name

AGE

Living With:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney for Petitioner

Attorney for Respondent

Guardian Ad Litem

Name

Name

Name

Address

Address

Address

Phone

Fax

Phone

Fax

Phone

Fax

Email

Email

Email

APPROVED BY JUDGE/COMMISSIONER:

DIVISION: _____ DATE: _____

REFERRAL MUST HAVE JUDGE'S APPROVAL

CCFC66-A Rev. 08/18