

SELF REFERRAL (PARTIES) TO DOMESTIC RELATIONS COUNSELING BUREAU

The following referred person(s) are to report to the Domestic Relations Counseling Bureau, 227 W. Jefferson Blvd., Room 820 County-City Bldg., South Bend, Indiana 46601 (574) 235-9662, with a copy of this form.

Cause/Case Number _____

PARTIES' REFERRED FOR SERVICES

Mother Other _____

Father Other _____

Other person _____
Name/Relationship

CHECK SERVICES REFERRED FOR PARTIES:

- Screening Assessment for special needs, high-risk issues or multiple interventions
- Training
 - DRCB overview class (Screenings, Mediations, Evaluations, and Case Management)
 - High conflict** counseling workshops (DRCB) (use Workshop Referral Form)
 - Parenting skills education/counseling workshops (DRCB) (use Workshop Referral Form)
 - Co-parenting skills education/counseling workshops (DRCB) (use Workshop Referral Form)
 - Co-parenting class(es) (CAID and Divorce-Ed)
 - Co-parenting divorce education class (Divorce-Ed) only
 - Co-parenting divorce education class (CAID) only
- Reconciliation (pre-divorce) counseling
- High conflict co-parenting counseling (No protection order)
- DRCB Mediation
 - Mediation Case Management (follow-up DRCB mediation, two years following agreement)

Referral Date _____
1st Party referring

Referral Date _____
2nd Party referring

Referral Date _____
3rd Party referring

All DRCB records belong to the Court and are assessable by Court personnel.