

REQUEST FOR REFERRAL TO CHILD CUSTODY RECOMMENDING COUNSELING AND ORDER THEREON

The undersigned hereby requests that the Court refer the listed parents, or other interested parties, to the Modoc County Family Law Child Custody Recommending Counselor for child custody/or visitation child custody recommending counseling.

NOTE: THE COURT CLERK WILL NOT ACCEPT THIS FORM UNLESS THE FOLLOWING INFORMATION IS FURNISHED IN FULL.

Modoc County Court Family Law case number: _____ (you must have an open family law case in Modoc County, to receive Child Custody Recommending Services).

Case name: _____

Your name: _____

Relationship to child(ren): _____

Address: _____

Phone number: _____

Name of other party: _____

Relationship to child(ren): _____

Address: _____

Phone number: _____

Child(ren) and date of birth: _____

Reason for requesting child custody recommending counseling:

DATE: _____ **SIGNATURE:** _____

REFERRAL AND ORDER TO CHILD CUSTODY RECOMMENDING COUNSELING

The parties are referred to child custody recommending counseling. It is the obligation of the person obtaining this order to immediately obtain two (2) Child Custody Recommending Counseling Orientation Packets and two (2) Child Custody Recommending In Take Forms from the Court Clerk's office and to serve one of the packets and one of the forms, along with a copy of this order, to the other party and on any Counsel that may be involved. A proof of service must be filed with the Court confirming the above noted documents have been served on the other party.

Both parties are ordered to immediately complete the In Take Form and return it to the Child Custody Recommending Counselor with five (5) days of receipt of the form (unless another due date is designated by the Court).

IT IS SO ORDERED.

Date

Superior Court Judge

Comments:

