FAMILY WELLNESS COURT

Superior Court Of California,
County of El Dorado
495 Main Street Placerville, CA 95667
www.eldoradocourt.org

Shingle Springs Band Of Miwok Indians
P.O. Box 531, Shingle Springs, CA 95682
www.shinglespringsrancheria.com

REFERRAL FORM

Name _____ Telephone _____

Address _____

I recommend that the above Native Youth be considered as a participant for the Family Wellness Court. It is my belief the following eligibility criteria are met (all that apply are checked):

☐ Native Youth exhibiting at-risk behavior

☐ Native Youth under the age of 17 years

☐ Transitional Native Youth between ages 18-24 years

☐ Delinquency ☐ Dependency ☐ Chronic absenteeism/truancy ☐ Criminal case

☐ Participant Youth and Family reside in El Dorado County and on or near the Shingle Springs Rancheria, or are involved in a case that can be transferred

☐ Native Youth and Family accept the Judges assigned to the Family Wellness Court

☐ Other:

_____

Print Name / Signature of Referring Party

_____ _____

Agency/Service Date

The participant is:

☐ eligible _____

_____

☐ not eligible _____

_____

_____ _____

Honorable Judge Christine Williams Date

_____ _____

Honorable Judge Suzanne Kingsbury Date

CONFIDENTIAL FORM