

MARION COUNTY CIRCUIT COURT PARENTAL ACCESS PROGRAM

Joint Request for Referral

Mother's Name: \_\_\_\_\_ Mother's Attorney: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Attorney: \_\_\_\_\_

Case No. \_\_\_\_\_

Our request involves: [ ] domestic relations case (custody, divorce, separation, FAPA)
[ ] juvenile dependency case [ ] conditions of probation or post prison supervision

Minor Children (list the children who are part of this case):

Table with 2 columns: Child/ren's Name(s), Date(s) of Birth. Rows 1-4.

Outside Services Requested (parties responsible for payment):

- [ ] Supervised services through Family Building Blocks (\$50 intake; \$35 exchange, \$30 visit)
[ ] Random substance testing (\$35 -\$50 per test)
[ ] Treatment/Classes for:
[ ] Substance abuse (assessment is required first)
[ ] Domestic Violence
[ ] Parenting
[ ] Other: \_\_\_\_\_

The parties are required to pay for outside services. If the parties are unable to pay for supervised services through Family Building Blocks, the court may agree to temporarily pay for some of the fees. However, the parents are responsible for paying back the fees to the court. If you can't pay the fees up front, check the appropriate box below.

- [ ] We can pay \$\_\_\_\_\_ toward each visit. I request the court advance the rest.
[ ] An outside entity has agreed to pay for supervised services:
[ ] Department of Human Resources. List person who authorized payment and his/her phone number: \_\_\_\_\_
[ ] Other. \_\_\_\_\_
List person who authorized payment and his/her phone number: \_\_\_\_\_

Dated \_\_\_\_\_ Mother's Signature \_\_\_\_\_ Father's Signature \_\_\_\_\_

Direct this form to the Parental Access Coordinator, Marion County Courthouse, P.O. Box 12869, Salem, OR 97309 or deliver it to the office of the assigned judge.