15th Judicial District Court Mary LeBlanc, F.I.N.S. Coordinator Mail to: P.O. Box 2603, Lafayette, LA 70502 Fax to: (337) 269-4717, Phone: (337) 269-4663 Email to: <u>mary.laf.fins@15thjdc.org</u>



Date: _	
Time:	

COMPLETE ALL BLANKS ON FORM, SIGN, & PRINT ON LEGAL-SIZE PAPER. F.I.N.S. Referral/Screening Form

Child:		Age: Date of Birth:						
Race:	Sex:	Sex:SS#Birthplace:						
Address: _								
						l Ed / 504?:		
Parents/G	<u>uardians</u>							
Mother:				Age:	Date of Birt	h:		
Race:	SS#		Add	lress:				
Contact nu	umbers (Hon	ne):	(W	/ork):	(Ce	ell):		
				Employer: _				
Father:				Age:	Date of Birtl	1:		
Race:	SS#		Address:					
Contact nu	umbers (Hon	ne):	(W	/ork):	(Ce	ell):		
				Employer:				
	<u>Others residi</u>	ng in child's hou		1	1			
Name			Age	Race/Sex	Relationship	to child		
Ung Con Cyb	overnable nmitted Crimin per Bullying	hat apply & pro	Repeat ge of 10 retaker Cont	edly Violates S Posses ributes to OR 1	chool Rules ssion/Consumption Encourages Child'			
Behaviors:								
Una abild b	been arrested of	or in court?	Uaci	Comily boon w	formed to DCES	(abild protection)?		
If yes, Expl				anniy been re	cielled to DCF5	(child protection)?		
Briefly des	scribe what n					or secured to help		
alleviate th	ne problem, a	is well as any ot	her concer	rns or recom	mendations: (v	what was done already?)		
named chil	d and family i	0	ed of Serv	ices as set for	th by Title VII,	ions of facts that the abov Art. 730 of the Louisiana -SIZE PAPER.		
Referred by	(Your Name Pl	RINT & Signature	e)	Your Position	Agency/Parent	Your Phone		
-	LAW ENFO	DRCEMENT - 1	Must Incl	ude Incident	Report with Re	eferral e, Attendance, & Grade		
INS OFFIC	E USE ONLY	 /:			(Form Revision Date Nov 2020)			