RESET

Division of Legal Services Case Referral Form

To: DLS –Litigation	Fax to:		
From:	Fax:	County:	
Pages: (including this page)	Date:	Agency: ☐ CD ☐ FSD	
Child Name:		DOB:	Social Security #:
Child's DCN:	Gender: ☐Male ☐Female	Other Children in the Family:	
Child's Address:			
Worker:		Worker Phone:	Worker Fax:
Supervisor:	Date Child Came Into Care (if applicable):		
Court Where Case is Pending:	Court Case Number:	Judge:	
Parties:			
Juvenile Officer:	JO Address:	JO Phone:	
GAL:	GAL Address:	GAL Phone:	
Other Attorneys Involved:			
1.	Client:		
2.	Client:		
3.	Client:		
4,	Client:		
5.	Client:		
Parent 1's Name:	Address:	Phone:	
Parent 1's DOB:	Social Security #:	DCN:	
Parent 2's Name:	Address:	Phone:	
Parent 2's DOB:	Social Security #:	DCN:	
Putative Father:	Address:	Phone:	
Putative Father's DOB:	Social Security #:	DCN:	
Legal Guardian's (if applicable) Name	Address:	Phone:	
Legal Guardian's DOB	Social Security #:	DCN:	
Foster Parents:	Address:	Phone:	
Deadlines (date and nature):	Next Hearing Date:		

What Assistance is Requested: (Please describe what type of case it is, DSS involvement, etc.)

Note: Attach to this form any documents relevant to the case. Please attach additional referral forms if there is more than one child in the family. Critical documents which should be included, as appropriate, may include the following: subpoenas; summons; Petition; Legal Motions; Notice of Hearing; Discovery request such as interrogatories, requests for production, and request for admission and deposition notices.

Fax the referral to the appropriate regional DLS office: Jefferson City (573-526-1484), St. Louis (314-340-3694), Springfield (417-895-6309) or Independence (816-325-6023). If you fax this request please do not send documents by fax if they will exceed 20 pages without calling DLS first. IF you do not receive a response to this fax within 24 hours please call the DLS Litigation Managing attorney.