

Appendix B

39
40 STATE OF NEW MEXICO
41 COUNTY OF BERNALILLO
42 SECOND JUDICIAL DISTRICT
43

44 _____
45 **Petitioner,**

46
47 vs. **No. DV** _____

48
49 _____
50 **Respondent.**

51
52 **NOTICE OF FAIR PROGRAM REFERRAL RESULTS**

53 This matter was referred to the Court Clinic for an assessment to determine whether this
54 family is appropriate for participation in the Family Assessment and Intervention Resources
55 Program (“FAIR Program”). The following has occurred since the date of the referral to the
56 FAIR Program:

57
58 The FAIR Program is not recommended for _____.
59 It is recommended that: _____
60 _____
61 _____
62 _____
63 _____
64 _____.

65
66 _____ is suitable for the FAIR Program, and counseling is
67 scheduled to begin on _____.

68
69 Referral Source _____
70 Group Number _____

71 RESPECTFULLY SUBMITTED BY:

72 _____
73
74 KATHLEEN CLAPP, Ph.D.
75 FAIR Program Director

Notice of the foregoing was hand-delivered/mailed to Petitioner/Respondent and/or counsel of record on

By _____