

UMASS FAMILY COURT CLINIC
Department of Psychiatry, University of Massachusetts Medical School
REFERRAL FORM

The UMass Family Court Clinic provides brief, focused evaluations of urgent family matters presenting to Worcester Probate and Family Court judges. Urgent, but clearly circumscribed family disputes are most amenable to brief evaluations. Due to the brief nature of the assessments, recommendations are generally centered on the short term needs of the family. A written report of the evaluation is sent to the Court within the time frame determined by the urgency of the issues. Emergency request for evaluations are handled as quickly as possible. To expedite an urgent request, please contact the clinic secretary or _____ (see below).

Person Completing Form: _____ Phone: _____

Date of Court Order: _____ Referring Judge: _____

Case Name: _____ Docket #: _____ Return Court Date: _____

PLAINTIFF

Name: _____ Phone (home): _____ (work): _____ (cell): _____

Address: _____

Attorney Name/Address: _____ Phone: _____

DEFENDANT

Name: _____ Phone (home): _____ (work): _____ (cell): _____

Address: _____

Attorney Name/Address: _____ Phone: _____

CHILDREN Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Legal proceeding before the Court (please specify):

Any Current 209A: Yes _____ No _____ Children on 209A: Yes _____ No _____ Any Noncurrent 209A: Yes _____ No _____

Present Custody Status: Sole legal _____ Joint Legal _____

The Court's reason for referral for Brief Psychological Evaluation (Please check or circle all that apply).

- Interparental: a) conflict _____ b) violence _____
- Mental status of: a) mother _____ b) father _____
- Substance abuse: a) mother _____ b) father _____
- Disputed visitation/access: _____ Current adjustment of child(ren): _____
- Safety of child(ren) with parent(s): _____ (Please specify parent): _____
- Question of: a) emotional abuse _____ b) physical abuse _____ c) sexual abuse _____ d) neglect _____
- Ability of parent to provide adequate care for child: _____ (please specify parent): _____

Please state the focus of the assessment:

