



SUPERIOR COURT OF CALIFORNIA
HUMBOLDT COUNTY



HOOPA VALLEY TRIBAL COURT

FAMILY WELLNESS COURT Initial Referral Form

Please contact FWC staff (information below) if you do not receive email confirmation of this referral within two business days.

Date: _____ Submitted By: _____

Fax To: FAMILY WELLNESS COURT (707) 441-4500 (*Email Submission Preferred)

Email: FamilyWellnessReferral@humboldtcourt.ca.gov

Contact: Scott Anderson, FWC Coordinator, (707) 445-7256 ext. 1566, ScottA@humboldtcourt.ca.gov

Parent Information	Case Details
Parent's Name:	Case(s) #:
DOB:	Case Name:
Address:	Next Dependency Court Date:
Phone:	Hearing Type: DET JUR DISPO 6MR Other
Email:	Status of Dependency Case:
Hoopa Tribal Member: Yes No	
Joint Jurisdiction: Yes No	Interpreter Needed?: Yes No

Family/Case Description	
Prior Dependency Case?: Yes No	Explain:



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Prior Referral to FWC?: Yes No	Explain:
Other Related Cases:	

Child(ren)'s Names	DOB	Gender	Current Placement	Detention Date

Contacts	Name	Phone	Email
County Social Worker			
HVT CFS Social Worker			
Parent's Attorney			



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HOOPA VALLEY TRIBAL COURT

Parent's Attorney			
Child's Attorney			
County Counsel			
Additional Contacts:			

Additional Applicable Information: