Confidential Attorney/GAL Case Referral

Case/Number, County/Circuit Court, and Visiting Party

Name (Referring Professional Contact)

First Name

Last Name

Phone

Email

Name (Custodial Party)

First Name

Last Name

Phone

Email

Name (Visiting Party)

First Name

Last Name

Phone

Confidential Attorney/GAL Case Referral

Email

Who is ordered to pay service Fees?

Case Risk Factor

- [ ] Domestic Violence
- [ ] Substance Abuse
- [ ] Abduction Risk
- [ ] Other

Upload Signed Court Order/Visitation Stipulation *

sample.pdf