



**CARRIER SEKANI FAMILY SERVICES  
FAMILY JUSTICE PROGRAM**

987 – Fourth Avenue

Prince George, BC V2L 3H7

Phone: (250) 562-3591 Toll Free 1 800 889 6855

Fax: (250) 562-2272 Toll Free 1 888 554 7244

**FAMILY JUSTICE FACILITATION REFERRAL FORM**

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral date: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

S.W: \_\_\_\_\_ Supervisor/TL: \_\_\_\_\_ CS/FS# \_\_\_\_\_

- Primary Reason for Referral:
- safety planning
  - access/relationship issues
  - placement concerns
  - permanency planning
  - planning for independence
  - reunification with family/Roots
  - other (explain) \_\_\_\_\_

1) Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Child(ren) & Date of Birth:	Legal Status & Expiry Date (if applicable):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Name of mother & Contact Information:**

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**Name of father & Contact Information:**

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**Has the family agreed to participate in a Family Justice Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Name of Band involved:** \_\_\_\_\_

**Father's band and number** \_\_\_\_\_

**Mother's band and number** \_\_\_\_\_

**Child's band and number** \_\_\_\_\_

**Brief description of why Child and Family Services is involved: (use a separate page if necessary)**

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**Other relevant Information: (use a separate page if necessary)**

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**Potential services available in the caregiver's community (that) may be accessed in developing a plan of care)**

**Service** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Service** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Service** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Service** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Potential participants in the Family meeting (with contact information)**  
**(relationship to child or children)**

**Name** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Name** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Name** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Name** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

**Has the Mother's Clan been involved in the case?**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**N/A** \_\_\_\_\_

**Has the Father's Clan been involved in the case?**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**N/A** \_\_\_\_\_

**Does the family want clan representation and involvement at the meeting?**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**Unsure** \_\_\_\_\_

**Individuals who you determine are inappropriate to participate**

**Name** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Name** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Name** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Name** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Final Comments:**

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**Email or Fax Referrals To:**

**Email: [familyjustice@csfs.org](mailto:familyjustice@csfs.org)**

**Fax: (250) 562-2272**