

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
JUVENILE COURT**

In the Matter of:

**COORDINATED HEALTH SERVICES
REFERRAL AND ORDER**

Case No.:

Department:

Child

Pursuant to this order, the Coordinated Health Services team (CHST) is requested to coordinate and assist with required medical/mental health services for:

Name of Child: _____ Date of Birth: _____

Referral Information:

CSW name: _____ Region: _____ Telephone: _____

Caregiver Name: _____ Telephone: _____

Brief description of medical/mental health concern:

Medical/mental health service(s) requested:

Child's attorney's name: _____ Telephone: _____

Identify attachments, if any: _____

URGENT/EMERGENT. Checking this box necessitates **both** of the following:

- a) The Judicial Officer will be contacted directly, day or night, by the court pediatrician as soon as possible (within eighteen hours) at this court email .
- b) This signed referral form will be emailed to BOTH court pediatricians with high priority: Email to cnicholson@ph.lacounty.gov AND ebloch@ph.lacounty.gov

Next court date: _____

Date: _____

Judge/Commissioner/Referee