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POLK COUNTY PROBLEM SOLVING COURTS
TENTH JUDICIAL CIRCUIT OF FLORIDA
(POLK, HIGHLANDS & HARDEE COUNTIES)
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Referral Form

<u>Referral to:</u>	<u>Phone#:</u>
	<u>Fax:</u>
<u>Referring CASE MANAGER:</u>	<u>Phone#:</u>
	<u>E-Mail:</u>
	<u>Fax: 863-534-4139</u>

CLIENT INFORMATION	
<u>Client Name:</u>	SOC
<u>Referral Source:</u> <u>BEHAVIORAL HEALTH COURT</u> <u>VETERAN'S DOCKET</u>	<u>Client funding source:</u> Other: _____
Reason client is being recommended for an assessment/evaluation: _____ _____	
Additional Comments: _____ _____	
Staff Signature & Date _____	
Client has previously signed a release of information for _____	

REVISED 2/5/2020 BHC