

**Office of the Defender General  
Family Support Worker Referral Form**

Email completed referral form to [Kerrie.Johnson@vermont.gov](mailto:Kerrie.Johnson@vermont.gov)

|                     |  |
|---------------------|--|
| Date of Request     |  |
| Requesting Attorney |  |
| Client Name         |  |
| Docket Number(s)    |  |
| Guardian ad Litem   |  |

Do you prefer a particular Family Support Worker for this client? If so, please list the name(s) of Family Support Worker(s).

What is the status of the case – when was it filed, what orders have been issued, what is the court expecting at this point?

Provide as much information as you can about the client – age, relationships, previous service history, previous DCF history, current status in any treatment, current criminal court involvement, etc.

What issues have you identified that may be barriers to reunification that a Family Support Worker could help to ameliorate?

Provide all the contact information you have for your client, including any tips that will help a Family Support Worker reach them.

Additional requests or notes: