In the Juvenile Court of _____ County, Tennessee

State of Tennessee in the matter of:

_____//_____

_____//_____

Children Under 18 Years of Age

Judicial Referral to Department of Children's Services for Services and Supplemental Order for Non-Custody Services

Juvenile Name	DOB	Juvenile ID	Docket/Petition # (REQUIRED)

Address of Child/Children:

Street: _____ City: _____ State: _____ Zip Code **(REQUIRED)**: _____

Street: _____ City: _____ State: _____ Zip Code **(REQUIRED)**: _____

Address of Parent/ Guardian:

Street: _____ City: _____ State: _____ Zip Code **(REQUIRED)**: _____

Attorney:

_____

_____

GAL:

_____

_____

IT IS ORDERED that this child is hereby referred to the DCS. If there is a need for a report or testimony to be presented to this Court at a further hearing, that hearing will be on _____/_____/_____, at _____ AM/PM, before _____.

The following services and/or interventions appear to be needed:

- ❑ **Home study to include evaluation of strengths of family and ability to meet needs of child/children.**
- ❑ **Referral for DCS Services- Court Concerns: (Please describe below)**

_____

_____

This Order gives the DCS representative authority to obtain necessary medical examinations, neurological, psycho-educational, psychosexual, and/or mental retardation testing in order to provide appropriate recommendations for the child/children to this Court.

This Order gives the DCS access to any existing records, testing and other pertinent material relevant to the child/children i.e., neurological, psychological, psycho-educational, psychosexual, medical and school.

This Order gives the DSC authority to obtain needed information from the court records, police records, school records or any other sources deemed necessary in order to provide appropriate recommendations for the school child/children to this Court.

Entered this the _____ day of _____, 20____

Juvenile Court Judge:

_____

Juvenile Court Magistrate:

_____

Probation Officer:

_____