LR2-Form 709. Court clinic referral order.

SECOND JUDICIAL COUNTY OF BERNA STATE OF NEW ME	LILLO	COURT		
Petitioner,		,		
V.		No		
Respondent.		RT CLINIC REFERE	RAL ORD	ER
need assistance in reso services is in the best i	olving custonterests of	ody and timesharing is the parties' child(ren),	sues and the the court I	
1. The about the contract of t		ced case involves the fo	ollowing cl	hild(ren): Year of birth
(Ivaine (IIIst, Ia	181)	Age ()		Tear of offul
		()		
		()		
a. unable to reach a full of	() $ m ilde{N}$ or partial ag	greement, the court clin	A 1978, § 4 ic shall	linic services: 40-12-3(F). If the parties are t a hearing on concluded
mediation; or	-	•	•	J
	ii. [-		ce as indicated below.
	. ,			ation under NMSA 1978,
			e child(ren). The parties are ordered to
fully participate in the	. , ,		ation unda	r NMSA 1978, § 40-12-3(A);
	1. (ii. (· · · · · · ·		NMSA 1978, § 40-12-3(A); NMSA 1978, § 40-12-3(C)
	`	nder Rule 1-125 NMR		14WISA 1976, § 40-12-3(C)
	iii. (n recommendations presented
by testimony at a repor	`		10001011 **101	recommendations presented
c.		he court clinic shall ad	dress the fe	ollowing issues:
		egal custody	[] relocation
	[] ti	mesharing/visitation	[] safety concerns
		ommunication issues	[] educational concerns
	_	randparent visitation	[] criminal history
		omestic abuse	[] mental health concerns
	[] si	ubstance use/abuse		

		[[] reunification between: other:
-m -a			-
			E ORDERED:
1.	The pa	arties an	nd their child(ren) shall participate in court clinic services as set forth
herein.			
2.			fails to comply with this referral order, the court clinic shall file a
notice of none	complia	ince. Th	ne court may schedule a hearing and impose sanctions as may be
appropriate.			
3.	If eith	er party	files objections to a parenting plan or recommendations, the parties
are to follow t			on custody and timesharing until the hearing on the objections and
further order of			
4.			l information. The following applies only if the parties are referred
			priority consultation, or advisory consultation.
Tot a selledate	a.		etitioner (P) and/or respondent (R) shall provide the following
mananda ta tha			
	court c	iiiic at	their first appointment (indicate P and/or R to provide as
applicable):			
			al/psychiatric hospitalization and/or dental records
		•	re/school records
	-	=	ords from Child Protective Services (CYFD)
		__ psychi	atric/psychological/neuropsychological/psychosexual evaluations
and/or reports	;		
_		superv	vising agency logs
			est results
			mic/school assessment reports (IEP)
		police	
	b.	The co	ourt clinic shall consult with and receive information from
individuals an			med necessary by the court clinic.
5.			e. Parties will receive a questionnaire from the court clinic that
= :			
	_		urned to the clinic at least one week prior to the date of service.
6.	Notice		pointment for court clinic services.
	(ate and time to be set by the court clinic (notice will be mailed to all
parties ordere	d to cou		
	(parties shall participate in their scheduled appointment on
			the court clinic (Second Judicial District Court, 2 nd Floor, Room
210). Notice	of appo	intment	date and time will be mailed to all parties ordered to court clinic
services.			
7.	Heari	ng.	
	() A he	earing date and time will be sent by the court, if appropriate;
	(parties and the court clinician shall report to the court for a hearing
scheduled on			at a.m./p.m.
8.	Fees.		w w
0.	a.	Advisa	ory consultation fees. The parties shall pay required fees as follows:
	u.	_	Petitioner
		\$ \$	Respondent
		Ψ	

	\$	Other	
The court clinic shaboth parties.			risory consultation fees are paid in full by
b.	Priority cons	ultation/schedul	led consultation fees. The parties shall pay
required fees as foll	lows:		
•	\$	Petitioner	
	\$	Petitioner Responder Other	nt
	\$	Other	
check in with the co	ourt clinic prior t	to making the pay	r on the day of the appointment. Parties sha yment. nic file (including but not limited to
documents, reports, contained in the file referenced case or be	testing material shall not be dis by order of the co	s and results, and closed other than ourt.	d notes) is confidential and information by a clinician testifying in the above
agreement is reache of any issue in this	ed by the parties		ties shall notify the court clinic if an ethe court clinic with any order that dispos
() One or mor	re party requires	an interpreter.
	() Petitioner. L	anguage:
	() Respondent.	Language:
Reviewed/approved	l by:		
Petitioner/Counsel	for Petitioner	-	Respondent/Counsel for Respondent
Approved by:			
			COMMISSIONER/ HEARING OFFICER
			DISTRICT COURT JUDGE

COURT CLINIC REFERRAL ORDER INFORMATION SHEET

	Petitioner	Respondent
Name (Please print)		

Year of birth			
Address			
City, State, ZIP			
Email address (one that you use frequently)			
Telephone:			
Home			
Cell			
Work			
Attorney's name			
Address			
City, State, ZIP			
Telephone			
Gross monthly income	\$		\$
I state that the above information. I understand that far may result in a notice of noncon Court my share of any fees for court pay fees may be grounds for one of the court my share of any fees may be grounds for one of the court my share of any fees may be grounds for one of the court my share of any fees may be grounds for one of the court my share of any fees may be grounds for one of the court my share of any fees may be grounds for one of the court my share of the court my s	nilure to complete all appliance against me. I court clinic services. I	information I agree to pa understand	will cause delay in services and y the Second Judicial District
Signature of Petitioner		Signature of	Respondent
Date		Date	

[As amended by Supreme Court Order No. 09-8300-012, effective May 18, 2009; LR2-Form T recompiled as LR2-Form 709 by Supreme Court Order No. 16-8300-015, effective for all cases pending or filed on or after December 31, 2016; as amended by Supreme Court Order No. 18-8300-006, effective for all cases pending or filed on or after September 1, 2018.]