

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

Petitioner,

v.

Respondent.

D-202-_____
Related to: _____

COURT CLINIC REFERRAL ORDER

THIS MATTER came before the Court and the Court, having determined that the parties require assistance in resolving custody and timesharing issues and that participating in Court Clinic services is in the best interests of the parties' child(ren), the Court FINDS:

1. The above referenced case involves the following child(ren):

Name (First, Last)	Age	Month/Year of Birth
_____	()	_____
_____	()	_____
_____	()	_____
_____	()	_____
_____	()	_____

2. The Court needs additional information pursuant to NMSA 1978 §40-4-9.1 (1999) in order to determine the best interest(s) of the child(ren). The parties are ordered to fully participate in the following service(s):

- A. () **Mediation** pursuant to NMSA 1978, §40-12-3(F) (1987).
 - i. () If mediation is not successful, the parties will participate in the service indicated below.
 - ii. () If mediation is not successful, the Court Clinic will close its case and file a Mediation Status Report. Parties may file to bring the matter back to Court.

- B. () **Brief Consultation** with suggestions presented by testimony at a report back hearing pursuant to LR 2-401.
- C. () **Scheduled Consultation** with suggestions presented by testimony at a report back hearing pursuant to LR 2-401.
- D. () **Advisory Consultation** pursuant to NMSA 1978, §40-12-3(A) (1987).
Advisory Consultations require the pre-approval of the Family Court Presiding Judge and Court Clinic Director.

3. Specific Referral Question(s) for the Court Clinic to address (*required*):

4. The Court Clinic shall also address the following:

- Legal Custody
- Substance use/abuse
- Timesharing/Visitation
- Safety concerns
- Communication/Co-parenting concerns
- Domestic abuse
- Educational concerns
- Criminal history
- Relocation
- Mental health concerns
- Grandparent visitation
- Social Media concerns
- Concerns re: Significant Other (Name) _____
- Reunification between: _____
- Other: _____

IT IS THEREFORE ORDERED:

1. The parties and the child(ren) shall participate in Court Clinic services as set forth herein.
2. If either party fails to comply with this Referral Order, the Court Clinic shall file a Notice of Non-Compliance. The Court may schedule a hearing and impose sanctions as may be appropriate.
3. If either party objects to a Parenting Plan or Court Clinic Recommendations, the parties shall follow the prior Order of the Court until further Order of the Court.
4. **Supplemental Information:** the following applies only if the parties are referred for a consultation.
 - a. The Court Clinic shall consult with and receive information from individuals and agencies deemed necessary by the Court Clinic.
 - b. The Parties shall provide the Court Clinic with all information requested, including documentation, and they shall sign Release of Information forms deemed necessary by the Court Clinic.
 - c. The Court Clinic may complete an order for drug testing for any party if the Court Clinic has concerns about substance use.
5. **Questionnaire:** Parties will receive a Questionnaire from the Court Clinic via email or U.S. mail. The parties' appointments with the Court Clinic will not be scheduled until all parties have submitted their completed Questionnaires. The Court Clinic will issue a Notice of Non-Compliance if parties do not submit Questionnaires and will not proceed with the service ordered. Please contact the Court Clinic if you have not received a Questionnaire at (505) 841-7409 within fifteen (15) days of the filing of this Order.
6. **Notice of Appointment for Court Clinic Services:**

The Court Clinic will set a date and time and notice will be mailed to all parties ordered to participate in Court Clinic services, as well as their legal counsel, if any.

7. **Hearing:**

() A hearing date and time will be requested by the Court Clinic. Notice will be sent to parties and counsel.

() The parties and the Court Clinician shall report to the Court for a hearing scheduled on _____ at _____ am/pm.

8. **Fees: (please consult court website for current fee scale; please use dollar amount, not percentages).**

Fees are paid directly to the Domestic Relations clerk's office. Cash, money orders, and cashier's checks are accepted. Money orders and cashier's check shall be made payable to the Clerk of the District Court. Parties shall check in with the Court Clinic prior to making the payment. The Court Clinic will issue a Notice of Non-Compliance for any unpaid fees.

a. **Consultation Fees:** The parties shall pay their respective fees on the day of the in-person appointment(s).

\$ _____ Petitioner

\$ _____ Respondent

\$ _____ Other

b. **Advisory Consultation Fees:** The Court Clinic shall not schedule Advisory Consultation appointments until both parties pay their respective fees in full.

\$ _____ Petitioner

\$ _____ Respondent

\$ _____ Other

9. **Confidentiality of File:** The Court Clinic file (including but not limited to: documents, reports, testing materials and results, and notes) is confidential and information contained therein shall not be disclosed other than by a Clinician testifying in the above-referenced case or by Order of the Court. Court Clinic files are not subject to the Inspection of Public Records Act (NMSA 1978, §14-2-1, *et seq.* (2019)).

10. **Notification of Agreement:** The parties shall timely notify the Court Clinic if an agreement is reached by the parties and they shall provide the Court Clinic with any order that disposes of any issue(s) in this case.

11. **Communication with the Court Clinic:** The best method of communicating with the Court Clinic is by email: albdcourtclinic@nmcourts.gov
Fax: (505) 841-6768; Phone: (505) 841-7409.

12. Interpreter:

() One or more party requires an interpreter.

() Petitioner—Language: _____

() Respondent—Language: _____

Reviewed/approved by:

Petitioner/Counsel for Petitioner

Respondent/Counsel for Respondent

Approved by:

COMMISSIONER/
HEARING OFFICER

DISTRICT COURT JUDGE

Court Clinic Referral Order Information Sheet

Please Complete Fully

	Petitioner	Respondent
Name (Please print)		
Year of Birth		
Address		
City, State, Zip		
E-mail address (one that you use frequently) <i>This is our primary method of communication with parties</i>		
Telephone: Home Cell Work		
Attorney's Name		
Telephone		
Gross Monthly Income:	\$ _____	\$ _____

I state that the above information is true and correct. I have completely filled in all information. I understand that failure to complete all information will cause delay in services and may result in a Notice of Noncompliance against me. I agree to pay the Second Judicial District Court my share of any fees for Court Clinic services. I understand that false statements or failure to pay fees may be grounds for contempt proceedings.

Signature of Petitioner

Signature of Respondent

Date

Date