KAY PHILLIPS
CHILD ADVOCACY CENTER
HOPE • HEAL • EMPOWER

BRIANNA ORMONDE
COMMUNITY COORDINATOR
(843) 560-8091

SAFE BABIES COURT REFERRAL FORM

DORCHESTER COUNTY

DATE OF REFERRAL:
PERSON/AGENCY MAKING REFERRAL:

PARENT INFORMATION

Full Name:	Relationship to Child(ren): ☐ Mother ☐ Father ☐ Other
Phone Number:	Number of Children:

PARENT INFORMATION

Full Name:	Relationship to Child(ren): ☐ Mother ☐ Father ☐ Other
Phone Number:	Number of Children:

CHILD INFORMATION

Full Name:	Age/Gender: ☐ Male ☐ Female
Current Placement:	Placement Phone Number:
Biological Parents:	

CHILD INFORMATION

Full Name:	Age/Gender: ☐ Male ☐ Female
Current Placement:	Placement Phone Number:
Biological Parents:	

CHILD INFORMATION

Full Name:	Age/Gender: ☐ Male ☐ Female
Current Placement:	Placement Phone Number:
Biological Parents:	

ALLEGATIONS

☐ Neglect ☐ Sexual Abuse ☐ Physical Abuse ☐ Substance Use
☐ Other: _____

AGENCIES INVOLVED

DSS Case Manager Contact Information: _____

LE Contact Information: _____

Next Court Date: _____

Please email referrals to bormonde@kayphillipscac.org