



Request for Inmate Participation in DCF Conference Call

TO BE COMPLETED BY REFERRING DCF SOCIAL WORKER

Referral Date: _____ Referring SW (Last, First): _____

Inmate's Name (Last, First): _____ Inmate Number: _____

Call in number: _____ Participation Code: _____

Date of Conference: _____ Time of Conference: _____

Facility: _____

Below please check off the type of Conference:

<input type="checkbox"/>	Administrative Case Review
<input type="checkbox"/>	Considered Removal Hearing
<input type="checkbox"/>	Teleconference Request
<input type="checkbox"/>	Other:

Additional Information:

Supervised Visitation – If DCF is not supervising the visit please provide the following information:

Name of DCF approved Contracted Agency: _____

Name of Staff Member and Date of Birth: _____

