

Connecticut Department of Children and Families
REQUEST FOR INMATE PARTICIPATION IN DCF CONFERENCE CALL

DCF-2350
3/20 (Rev.)



TO BE COMPLETED BY REFERRING DCF SOCIAL WORKER		
Referral Date:	SW LAST Name:	SW FIRST Name:
Inmate's LAST Name:	Inmate's FIRST Name:	Inmate Number (DOC Website):
Call-in number (desk, cell and/or teleconference):	Participation Code (if necessary):	
Date of Conference Call (need 48 hour notice, if possible):	Time of Conference Call (between 8:30 – 11:30 or 1:00 – 2:30):	
Facility (Locate on DOC website, under "Inmate Search"):		
Comments:		

***** ALL FIELDS MUST BE ENTERED *****

A call should take no longer than 15-20 minutes (if a longer contact is needed, you should schedule a visit at the facility to meet with your client). DCF Liaisons may be able to provide additional time on calls for reasons such as ACRs or CRs. Include in comments and discuss with liaison in advance for best days/times

Forward the completed form to one of the DCF Liaisons listed below:

Kamara.Amaker@ct.gov

KIMBERLEY.CASEY@ct.gov

KAREN.KEATLEY@ct.gov