

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES  
JUVENILE COURT**

In the Matter of:

**COURT PEDIATRIC PROGRAM (CPP)  
REFERRAL AND ORDER**

Case No.:

Department:

Child

Pursuant to Welfare and Institutions Code section 827, subdivision (a)(1)(K), California Rules of Court, rule 5.552, and this order, the Court Pediatric Program (CPP) is requested to coordinate and review medical/mental health services and all medical records for:

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Referral Information:

CSW Name: \_\_\_\_\_

Region: \_\_\_\_\_

Telephone: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Brief description of medical/mental health concern:

Medical/mental health service(s) requested:

Child's Attorney's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Identify attachments, if any:

Please check one of the following boxes:

**Routine Referral**

- ❖ Email this **signed** referral form to the Court pediatricians: Email to [Edward Bloch, M.D. ebloch@ph.lacounty.gov](mailto:ebloch@ph.lacounty.gov), [Janice Woods, M.D. jawoods@ph.lacounty.gov](mailto:jawoods@ph.lacounty.gov), and [Ankit Shah, M.D. ashah@ph.lacounty.gov](mailto:ashah@ph.lacounty.gov). If there are any questions, please contact the Court pediatricians at Children's Medical Services during business hours (8am-5pm) at **626-569-6013**.

**Urgent Referral**

- ❖ Email this **signed** referral form to the Court pediatricians with **high priority**: Email to [Edward Bloch, M.D. ebloch@ph.lacounty.gov](mailto:ebloch@ph.lacounty.gov), [Janice Woods, M.D. jawoods@ph.lacounty.gov](mailto:jawoods@ph.lacounty.gov), and [Ankit Shah, M.D. ashah@ph.lacounty.gov](mailto:ashah@ph.lacounty.gov) **AND** please contact the Court pediatricians at Children's Medical Services during business hours (8am-5pm) at **626-569-6013**.

Next hearing date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer/Commissioner/Referee  
Los Angeles Superior Court