**NOSŪTĪJUMS SPECIĀLISTA PAKALPOJUMA SAŅEMŠANAI**

|  |  |
| --- | --- |
| AUDŽUĢIMENES LIETA Nr. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Datums:** |  | **Nosūtījuma nr.** |  |

|  |  |  |
| --- | --- | --- |
| Audžuģimenes galvenā persona: |  |  |
|  | *(vārds, uzvārds)* | *(kontakttālrunis)* |

|  |  |  |
| --- | --- | --- |
| Nosūtījums sagatavots (kam?): | ☐ bērns  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | *vārds, uzvārds* |
|  | ☐ pieaugušais  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | *vārds, uzvārds* |
| **Pakalpojuma veids:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Speciālists:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Īss situācijas apraksts:**

**Nosūtījuma mērķis**:

**Ieteicamais konsultāciju (stundu) skaits:**

|  |  |
| --- | --- |
|  **Nosūtījumu sagatavoja:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | *Vārds, uzvārds, amats, paraksts* |