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| **Referral for Legal Services to****[Organization]**  |
| **Date:** | **Referral Source (Organization):**  |
| **Name of Person Making Referral:** | **Email/Phone:** |
| **Survivor Name:** |  **DOB:** | **Language:****Interpreter Needed?** □Y □N |
| **Phone/Email 1:** | **Type**: Personal □ Work □ Home □ Other\_\_\_\_\_\_\_\_\_\_\_\_ □ | **Safe to:** Call □  Say Where Calling From □Leave VM □Leave Message w/ Others □ |
| **Phone/Email 1:** | **Type**: Personal □ Work □ Home □ Other\_\_\_\_\_\_\_\_\_\_\_\_ □ | **Safe to:** Call □  Say Where Calling From □Leave VM □Leave Message w/ Others □ |
| **City/County of Residence:**  |  |
| **Primary Victimization:** □ Domestic Violence □ Sexual Assault/Rape □ Stalking □ Sexual Harassment □ Childhood Sexual Abuse □ Sex Trafficking □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Perpetrator Name(s):**  | **Age/DOB:**  |
| **Pending Court Action:** □ Yes □ No | **Next Court Date:**  |
| **This referral does not guarantee that the agency receiving the referral will provide legal services. The individual being referred is only being referred for an intake/assessment. The receiving agency will determine the individual’s eligibility for services [based on XYZ criteria]. If the individual is eligible for services, the receiving agency will evaluate its capacity and ability to represent the individual.** |
| **Legal Need(s) (e.g. housing, safety, privacy, etc.):** |
| **Client Consents to Sharing of this Information:** □ Yes. Release attached  |
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| **Please do not include any additional case-specific information.** |