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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 | | | | | |
|  | | | | | |
| **Please do not include any additional case-specific information.** | | | | | |