



## CVLAP TRIBAL SURVIVOR PROJECT REFERRAL FORM

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

To Phone: \_\_\_\_\_ From (agency): \_\_\_\_\_

To Fax: \_\_\_\_\_ From (county): \_\_\_\_\_

Is this an Emergency?  Yes, Deadline: \_\_\_\_\_ (ex: court date, eviction)  No

Name of Person Completing Referral: \_\_\_\_\_

Phone Number of Person Completing Referral: \_\_\_\_\_

Did Applicant Request or Give Consent for this Referral for Legal Assistance:  Yes  No\*

\*Without consent from the Applicant our staff may not be able to follow up this referral

Is this current CVLAP Client?  Yes  No Lethality Assessment available?  Yes  No

### Applicant Information

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Language: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Pronoun: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Safe to Call?  Yes  No

Safe to Text?  Yes  No

Alternate Phone Number (if applicable): \_\_\_\_\_ Safe to Call?  Yes  No

Safe to Text?  Yes  No

Applicant's Street Address: \_\_\_\_\_ Safe to Mail?  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_ Safe to Email?  Yes  No

Best time to contact: \_\_\_\_\_

Preferred method of contact:  Phone Call  Text Message  Email

Tribal Affiliation: \_\_\_\_\_ Enrolled in Tribe?  Yes  No

Live on Tribal Land:  Yes  No  Unsure Crime on Tribal Land:  Yes  No  Unsure

Has the Client experienced any of the following types of victimization?

Domestic Violence  Sexual Assault  Neglect  Abuse  Exploitation  Other: \_\_\_\_\_

**Please provide copies of any and all relevant documents in your possession when making this referral (ex: court pleadings, texts/emails, photographs, police reports, PPOs, etc)**

## Opposing Party Information

Name of Opposing Party: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Language: \_\_\_\_\_ Pronoun: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Opposing Party's Phone Number: \_\_\_\_\_

Opposing Party's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Opposing Party's Email Address: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrolled in Tribe?  Yes  No

### Services Requested (check all that potentially apply)

<input type="checkbox"/> Divorce	<input type="checkbox"/> Personal Protection Order	<input type="checkbox"/> Child or Spousal Support
<input type="checkbox"/> Custody	<input type="checkbox"/> Parenting Time	<input type="checkbox"/> Division of Marital Property/Debt
<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Landlord/Tenant (non-eviction)	<input type="checkbox"/> Property Taxes
<input type="checkbox"/> Eviction	<input type="checkbox"/> Nursing Home Issues	<input type="checkbox"/> Property Ownership (deed issues)
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Conservatorship	<input type="checkbox"/> Subsidized Housing Issues
<input type="checkbox"/> Estate Issues	<input type="checkbox"/> Health Care Power of Attorney	<input type="checkbox"/> Financial Power of Attorney
<input type="checkbox"/> Immigration	<input type="checkbox"/> Expungement (criminal or CPS)	<input type="checkbox"/> Crime Victims Compensation
<input type="checkbox"/> Medicaid/Medicare	<input type="checkbox"/> Public Benefits (ex: SSI, DHS)	<input type="checkbox"/> Social Security Overpayment
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Loss/Reduction of In-Home Care
<input type="checkbox"/> Car Loan	<input type="checkbox"/> Financial Exploitation	<input type="checkbox"/> Collection Action (debt lawsuit)
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Contract/Lease Issue	<input type="checkbox"/> Utilities Shut Off
<input type="checkbox"/> Other (describe): _____		

Brief description of legal problem and history of domestic violence (include dates if possible): \_\_\_\_\_

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