



CVLAP

CRIME VICTIMS
LEGAL ASSISTANCE
PROJECT
DOMESTIC VIOLENCE AND ELDER JUSTICE

MAP

MICHIGAN
ADVOCACY
PROGRAM

CVLAP TRIBAL SURVIVOR PROJECT REFERRAL FORM

FOR INTERNAL USE (to be completed by advocate)

Is this an Emergency? ☐ Yes, Deadline: _____ (ex: court date, deadline) ☐ No

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

Intake Type: ☐ Phone Call ☐ In-person clinic Date of referral: _____

Please email the completed referral form to tribalsurvivorhelp@lsscm.org

Applicant Information

Name of Applicant: _____

Date of Birth: _____ Pronoun: _____ Citizenship: _____

Phone Number: _____ 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 ☐ Email

Tribal Affiliation: _____ Enrolled in Tribe? ☐ Yes ☐ No

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

☐ Domestic Violence ☐ Sexual Assault ☐ Stalking

*Eligibility is based on the client having a Tribal affiliation and having experienced one or more types of victimization

Opposing Party Information

Name of Opposing Party: _____

Relationship to Applicant: _____ Date of Birth: _____

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"/> Other (describe): _____		

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)