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)

□ Divorce	□ Personal Protection Order	□ Child or Spousal Support
□ Custody	□ Parenting Time	□ Division of Marital Property/Debt
□ 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)