



CVLAP REFERRAL FORM – NEW CLIENT

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 If yes, PIKA #: _____

Name of Applicant & Preferred Pronoun: _____

Age & Date of Birth of Applicant: _____

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

Applicant's Street Address: _____

City: _____ State: _____ Zip: _____ Safe to Mail? Yes No

Tribal Affiliation: _____

Residence Type: Apartment Own Home Facility (ex: nursing home) With Family

Monthly Income & Source: _____

Pronoun: _____ Language: _____ Marital Status: _____ Citizenship: _____

Power of Attorney or Guardian Name (if any): _____

Contact Information for POA or Guardian: _____

Name of Opposing Party & Preferred Pronoun: _____

Relationship to Applicant: _____

Date of Birth: _____ Language: _____ Pronoun: _____ Citizenship: _____

Other Party's Phone Number: _____

Opposing Party's Street Address: _____

City: _____ State: _____ Zip: _____ **Tribal Affiliation:** _____

Is there a civil case pending? Yes No If yes, court, type and docket #: _____

Does the survivor want to proceed in tribal court? Yes No If yes, which one: _____

Who is the opposing party? _____

Who is the opposing counsel (attorney) if there is one? _____

Has the client been served (received) paperwork related to this case? Yes No

If yes, how did the client receive the paperwork? Mail (certified or not – circle one) Personal

If yes, when (what specific date) did the client receive paperwork? _____

Has the client file an Answer (draft and give to the Court any paperwork) in response? Yes No

Does the client currently have an attorney? Yes No If yes, who: _____

Are there any Court dates scheduled? If yes, when, where & why? _____

Are there any Court Orders in place? If yes, describe: _____

Please provide copies of any and all relevant documents in your possession when making this referral.

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): _____		

