



Person/Agency Referring: _____

Client's Name: _____

Client's Phone Number: _____

- *Is this a safe phone number: Yes / No*
- *Is this safe to leave a VM: Yes / No*
- *Is this safe to text: Yes / No*

Perpetrator's Name: _____

Type of Victimization:

Domestic Violence

Sexual Assault

Assault

Child Sexual Assault

Stalking

Family Violence

Other: _____

Additional Referral Notes:

* Due to our agency confidentiality, we will not be able to confirm or deny if we have been able to have contact with the client *unless* the client has signed a release of information with ALC.

Please send all referrals to help@advocatesoflakecounty.org.