



CLEAR*CV (Crime Victim) Client Referral Form

Advocates: Use this form to refer clients to Northwest Justice Project’s CLEAR*CV unit. CLEAR*CV attorneys help survivors of domestic violence, sexual assault and other crimes with civil (non-criminal) legal issues that are directly related to their criminal victimization. If your client’s legal problem was *not* caused by a crime, please have your client call the CLEAR HOTLINE at 1-888-201-1014 for same-day assistance Monday – Friday, 9:15 a.m. to 12:15 p.m.

<input type="checkbox"/> URGENT: Check <i>only</i> if there is a time sensitive issue. Describe:	
Deadline or hearing date:	
Other urgent issue:	

Send this completed form by **Fax:** 1-866-634-5608 or **e-mail:** fax@nwjustice.org
CLEAR*CV staff will contact client within two business days of receiving a referral.

Referring Advocate

Name:		Referral Date:	
Organization:			
Email:		Phone:	

Please make sure CLIENT understands the following:

- CLEAR*CV attorneys **will not represent** client in court. All CLEAR*CV appointments are **by phone**.
- Client gives permission to send his/her information to NJP to ask for legal assistance.
- NJP services are free. NJP staff will contact client to screen for eligibility before scheduling an appointment for client to speak with an attorney.
- NJP will keep client’s information confidential. NJP won’t disclose client’s information without permission.
- After client has spoken with a CLEAR*CV attorney, NJP may send client’s information to other legal aid providers if a referral is available and client gives permission.
- NJP may work with the referring advocate to reach client and coordinate services.

Client Information

Full Name:			Preferred Pronouns:		DOB:	
Safe mailing Address:		City:		WA	Zip:	
Mobile Number:			Safe to call and leave VM?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Number:			Safe to call and leave VM?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			Safe to send emails?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Language:			
Any disabilities or barriers we should know about?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:		
<i>If children are involved in the legal problem:</i>			Child’s name:		Age:	
Child’s name:		Age:	Child’s name:		Age:	
Child’s name:		Age:	Child’s name:		Age:	

Court Case Info

County:		Case Number:		Upcoming court dates or deadlines:	
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Opposing Party

Full Name:		DOB:		Has child/ren with client:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last known Address:		City:		WA	Zip:
Phone Number:		Preferred language:			
Opposing Party Attorney:			Is there any history of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is opposing party facing criminal charges? If so, describe:					

Client's legal issue is related to:

<input type="checkbox"/> Adult Sexual Assault <input type="checkbox"/> Adult Sexually Abused as Child <input type="checkbox"/> Bullying (Verbal/Cyber/Physical) <input type="checkbox"/> Child Physical Abuse or Neglect <input type="checkbox"/> Child Sexual Abuse / Assault / Pornography	<input type="checkbox"/> Domestic / Family Violence <input type="checkbox"/> DUI/DWI Incidents <input type="checkbox"/> Elder Abuse or Neglect <input type="checkbox"/> Hate Crimes <input type="checkbox"/> Homicide Victim Survivors	<input type="checkbox"/> Human Trafficking: Labor / Sex <input type="checkbox"/> Identity Theft / Fraud / Financial Crime <input type="checkbox"/> Kidnapping: Custodial / Non-custodial <input type="checkbox"/> Mass Violence / Terrorism <input type="checkbox"/> Non DV-Assault / Burglary / Arson / Robbery	<input type="checkbox"/> Stalking / Harassment <input type="checkbox"/> Teen Dating Victimization <input type="checkbox"/> Wage Theft <input type="checkbox"/> Other (<i>specify</i>):
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Type of civil legal issue/s:

<input type="checkbox"/> Family Law <ul style="list-style-type: none"> <input type="radio"/> Divorce / Separation <input type="radio"/> Parenting Plan / Custody <input type="radio"/> Parentage / Paternity <input type="radio"/> Custody or guardianship by a non-parent <input type="checkbox"/> Housing <ul style="list-style-type: none"> <input type="radio"/> Loss of public housing or Section 8 benefits <input type="radio"/> Landlord wants to evict client due to domestic violence, sexual assault or stalking <input type="radio"/> Client wants to break lease early due to domestic violence, sexual assault or stalking <input type="radio"/> Client wants to remove a tenant who is abusive towards homeowner (elder or vulnerable adult) <input type="radio"/> Tenant screening / limiting publication of old evictions related to domestic violence, sexual assault or stalking <input type="checkbox"/> Public Benefits <ul style="list-style-type: none"> <input type="radio"/> Problems with Crime Victim's Compensation <input type="radio"/> Problems with disability, TANF, food or medical assistance <input type="checkbox"/> Victim Rights <ul style="list-style-type: none"> <input type="radio"/> Privacy of victim's confidential medical or counseling records in a criminal case 	<input type="checkbox"/> Protection Orders <ul style="list-style-type: none"> <input type="radio"/> Domestic Violence Protection Order (DVPO) <input type="radio"/> Sexual Assault Protection Order (SAPO) <input type="radio"/> Vulnerable Adult Protection Order (VAPO) <input type="radio"/> Anti-Harassment / Stalking Protection Orders <input type="checkbox"/> Employment <ul style="list-style-type: none"> <input type="radio"/> Employer failed to pay wages for hours worked <input type="radio"/> Employer will not allow client time off from work or fired client due to DV, sexual assault or stalking <input type="radio"/> Sealing criminal records or other employment barriers <input type="checkbox"/> Consumer <ul style="list-style-type: none"> <input type="radio"/> Difficulty accessing charity care for medical debt <input type="radio"/> Client was coerced to take on loans, open credit cards or other debt <input type="radio"/> Consumer debts caused by identity theft <input type="checkbox"/> Immigration <ul style="list-style-type: none"> <input type="radio"/> VAWA self-petition, U or T visa <input type="radio"/> Special Immigrant Juvenile Status <input type="checkbox"/> Other legal problem not listed above (<i>describe</i>):
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Briefly explain client's current legal needs or goals:
