



Legal Program Referral Form

Fax to IowaCASA: 515-850-1900

ATTN: Legal Team

Or email to advocate@iowacasa.org

Please read the following information before completing the referral.

The purpose of this form is to let IowaCASA legal staff know of a potential client. It is to be used by advocates, therapists/counselors, and other agency staff if they believe they have someone who could benefit from our services.

To be eligible, an individual must be 11 years old or older, a survivor of non-intimate partner sexual violence, and need assistance on a matter as a result of this sexual violence. Sexual violence includes: sexual harassment, rape, and stalking. Our services are focused on, but not limited to, rural areas. Survivors living in rural areas in Iowa will be given priority.

IowaCASA legal staff will make a final decision on eligibility for services. **Submitting a referral form does not guarantee representation.** However, as a victim services provider, the legal team will make every effort to provide as much assistance as possible pursuant to grant limitations.

Date: _____

Client Name: _____

Date of Birth: _____

Preferred Language: _____

Please complete the following information with the best contact information for the potential client.

Safe Telephone#: _____

Is the safe telephone number a direct number for the potential client? Yes No

Alternate number: _____

If no, to whom does the number belong and what is their relationship to the survivor?

Consent to leave message? Yes No

Please return completed form to the attention of Laura Velazquez, Legal Advocate. Completed forms can be sent via email to advocate@iowacasa.org or by mail to 3030 Merle Hay Rd., Des Moines, IA 50310. Call our office before faxing at 515-244-7424.

Email: Yes No If yes, email address: _____

To whom does the email address belong and what is their relationship to the survivor?

By providing an email address and permission for us to reach out via email, you acknowledge that while every effort is made to protect your information, no email is 100% secure. In the event a security breach is discovered, you will be notified and steps will be taken to mitigate disclosure. Emails may also be requested as part of the discovery process by other parties and court orders requiring the information be disclosed may be issued. In the event our legal staff receive such a request or order, you will be notified and steps will be taken to prevent disclosure in accordance with state and federal laws.

Regular mail: Yes No (If yes, please provide information below.)

Address: _____ City/ST: _____

Zip: _____

Can we send you mail on our letterhead and in agency envelopes? ___ Yes ___ No

*If no, we will only mail you standard white envelopes and non-letterhead paper.

Only complete the next section if the survivor is seeking assistance with a school process (i.e.: Title IX complaint).

Name of School and grade or year: _____

The person causing harm is:

a fellow student school staff acquaintance relative unknown other _____

Fill out for all referrals:

What type of legal services are being sought? (Check all that apply)

- Sexual Assault Protective Order assistance (new or renewal)
- Legal advocacy with your school (middle school/high school)
- Legal representation for disciplinary proceedings or supportive measures at a school (including secondary and post-secondary institutions)
- Housing-related legal assistance (lease negotiation, eviction questions, etc.)
- Employment-related legal assistance (unemployment, accommodations, etc.)
- Public benefit-related legal assistance (food assistance, disability, etc.)
- Other (please describe):



Person Making Referral and relation to client: _____

Any other information you would like us to know including deadlines, need for interpretation, any accommodations we can provide to ensure equal access to services (large-print material, sign language or captioning, etc.):

IowaCASA STAFF USE ONLY

Date referral form received: _____

Received by: _____

Please return completed form to the attention of Laura Velazquez, Legal Advocate. Completed forms can be sent via email to advocate@iowacasa.org or by mail to 3030 Merle Hay Rd., Des Moines, IA 50310. Call our office before faxing at 515-244-7424.