



## Immigrant Survivors Project Referral Form

Please submit this form to [ispreferrals@pirclaw.org](mailto:ispreferrals@pirclaw.org) with "REFERRAL" in the subject line.

### Referring Program/Advocate Information

Date of Referral: \_\_\_\_\_

Program Name: \_\_\_\_\_

Advocate Name: \_\_\_\_\_

Advocate E-mail: \_\_\_\_\_

### Client's Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Language: \_\_\_\_\_

SAFE Phone Number: \_\_\_\_\_

Is it safe to leave a voicemail?  Yes  No

Is it safe to send a text message?  Yes  No

Other notes on Calling: \_\_\_\_\_

SAFE Email Address: \_\_\_\_\_

Please provide a brief summary of the client's case:

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Is the client in removal proceedings or have they had recent contact with ICE? If yes, please note upcoming hearing date or date of contact:

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Does the client have an upcoming hearing in a criminal or protection from abuse order case? If so, please describe:

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*Optional: Please attach any documents related to the abuse (docket sheets, police reports, etc.)*

Please note assistance is subject to availability of funds and current caseloads.

A referral does not automatically guarantee assistance.

ISP staff will make 3 attempts to contact potential clients. If the potential client cannot be reached, the referring advocate will be notified.