

LEGAL ACTION OF WISCONSIN

REFERRAL SOURCE	
Your Name	
Agency	
Phone	
Email	
Date Referred	

REFERRAL FORM

PLEASE READ CAREFULLY AND FILL OUT ALL SECTIONS COMPLETELY.

If a referral is incomplete, we will contact you for more information before we can proceed with the case.

Section I Basic Requirements for Eligibility

Is potential client a Wisconsin resident over 60? ___Y___ N
 Has potential client, their guardian, or their POA-F consented to this referral? ___Y___ N
 Guardian/POA-F Name & Contact Info: _____
 (*provide a copy of authorizing document*)

NOTE: DO NOT REFER IF THE ABOVE CONDITIONS ARE NOT MET

Section II Elder Survivor Information

Title	Last Name	First Name	
Address		Apt #	
City, State	Zip Code	Date of Birth	
Telephone No.	Safe to Call? ___Y___ N	"Safe" / Alt. Number	
Email (if secure and checked regularly)			

Section III Who Committed the Crime?

Title	Last Name	First Name	
Address		Apt #	Telephone Number
City, State	Zip Code	Date of Birth	
Relationship to the survivor:			

Section IV Type of crime/abuse? (check all that apply)

Financial Exploitation	Rental practices	Sexual Assault	Threats
ID Theft	Neglect	Physical Abuse	Other (describe)
Theft	Abuse of fin. authority	Mental abuse	
Domestic abuse	Stalking/Harassment	Vandalism	

Have Police Been Contacted? ___Y___ N	Contact: _____
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**IF YOU ARE ABLE TO PROVIDE A MORE DETAILED ASSESSMENT
PLEASE COMPLETE PAGES 2 & 3**

Section V *Description of Crime and Services Requested (cont'd)*

1. Allegations (if you run out of space, please attached additional pages as needed)

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2. What type of legal service(s) is the individual requesting? (check all that apply)

- Domestic abuse injunction / Temporary restraining order / Harassment injunction
- Assist the victim in reporting crime to police
- Legal action to recover monetary damages
- Evict the abuser
- Help to obtain public benefits that were denied or terminated as a result of abuse
- Assist the victim in addressing financial abuse by an individual
- Assist the victim in addressing financial abuse by a business
- Other _____

Section VI: Pending Legal Action

Is there an upcoming Court date? ____ Y ____ N	
COUNTY:	
CASE NO.:	
Court Date:	Time:
Courthouse:	Judge:
Other Party(ies):	
Nature of Hearing (return date, initial appearance, etc.):	

Section VII Additional information and documentation?

Does the elder have any physical or other restrictions? ___Y ___N

Please Describe them:

Is elder able to travel to hearings and appointments on their own? ___Y ___N

Is elder able to travel to hearings and appointments on their own? ___Y ___N

If not, who should be contacted to arrange transportation, if needed:

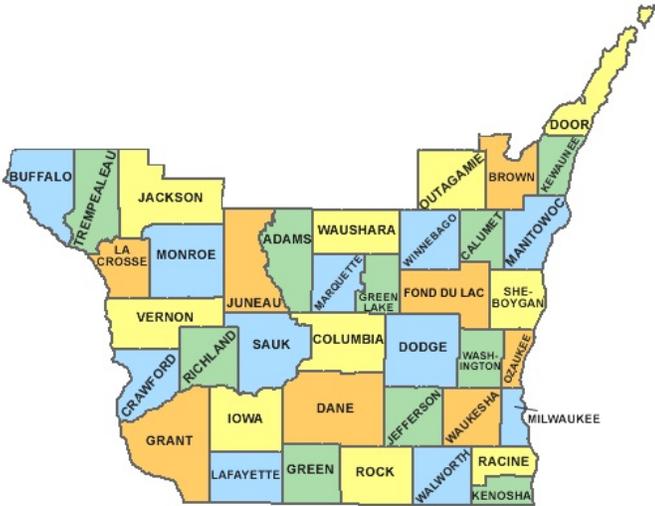
(Please provide name(s) and phone number(s))

Send completed referral to the appropriate agency, depending on client's location:

Legal Action of Wisconsin Elder Rights Project

Fax #: (414) 296-1019

elderabuse@legalaction.org

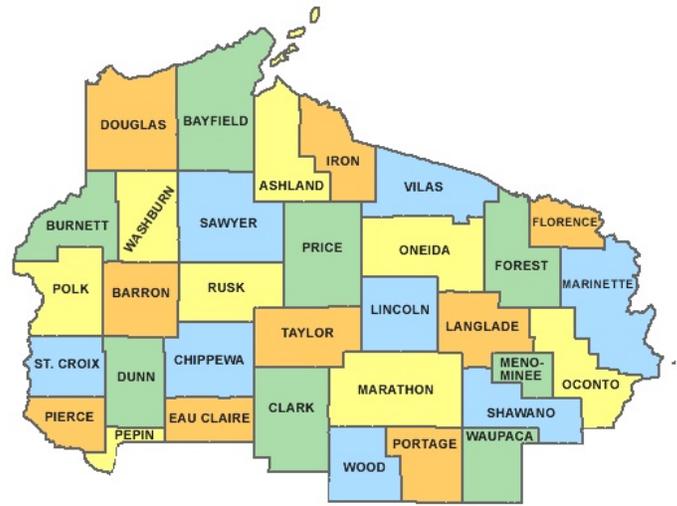


Counties: Adams, Brown, Buffalo, Calumet, Columbia, Crawford, Dane, Dodge, Door, Fond Du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Manitowoc, Marquette, Milwaukee, Monroe, Outagamie, Ozaukee, Racine, Richland, Rock, Sauk, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waushara, and Winnebago

Judicare Legal Aid Elder Rights Project

Fax #: (715) 848-1885

info@judicare.org



Counties: Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Marinette, Menominee, Oconto, Oneida, Pepin, Pierce, Polk, Portage, Rusk, St. Croix, Sawyer, Shawano, Taylor, Vilas, Washburn, Waupaca, and Wood

Tribes: Bad River Tribe, Redcliff Tribe, Lac du Flambeau Tribe, Ho-Chunk Nation, Oneida Nation, Lac Court Oreilles Tribe, Stockbridge - Munsee Nation, Sokaogon Chippewa Tribe, Forest County Potawatomi Tribe, St. Croix Tribe, and Menominee Tribe