

LEGAL ACTION OF WISCONSIN & JUDICARE
LEGAL HELP FOR VICTIMS & SURVIVORS OF SEXUAL VIOLENCE
PROJECT REFERRAL

**DO NOT REFER WITHOUT THE INFORMED CONSENT OF
THE POTENTIAL CLIENT OR OTHER LEGAL AUTHORITY.**

Party Consenting: _____ Potential Client _____ Other Legal Authority _____

Potential Client's Full Name: _____
Phone: _____
Email: _____
Date of Birth: _____
Primary Language: _____
Court Case Number (If Known): _____
If case number is not known: Location (City/County): _____

Referrer's Name: _____
Phone: _____
Email: _____
Agency or Office: _____
Title: _____
Any Known Deadlines: _____

EMAIL OR FAX THIS REFERRAL FORM:

Email: VictimRights@legalaction.org

Fax: 414-386-3600