



## Legal Program Referral Form

Fax to IowaCASA: 515-850-1900

ATTN: Legal Team

Or email to [advocate@iowacasa.org](mailto:advocate@iowacasa.org)

### **Please read the following information before completing the referral.**

To be eligible as an IowaCASA legal client, you must be a survivor of sexual assault or abuse 11 years old and older, and be a student in a secondary school, college, or university in Iowa. After completion of the referral form, the legal program staff members will review it to determine whether more information is needed, and if so, someone will contact you. This referral does not guarantee IowaCASA legal program will take your case.

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Safe Telephone#: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Consent to leave message? Y/N

Consent to leave message? Y/N

Email: Y/N If yes, email address: \_\_\_\_\_

By providing your email address and permission for us to contact you 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. Please initial indicating you have read and understand. \_\_\_\_\_

Regular mail: Y/N

(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.

Name of School and grade or year: \_\_\_\_\_

Please return completed form to the attention of Laura Velazquez, Legal Advocate. Completed forms can be sent via email to [advocate@iowacasa.org](mailto:advocate@iowacasa.org) or by mail to 3030 Merle Hay Rd., Des Moines, IA 50310. Call our office before faxing.

The person causing harm is:

☐ a fellow student ☐ school staff ☐ acquaintance ☐ relative ☐ unknown ☐ other \_\_\_\_\_

Advocate's name (if applicable): \_\_\_\_\_

Advocate's phone (if applicable): \_\_\_\_\_

What type of legal services are you looking for? (Check all that apply)

- ☐ Legal advocacy in filing for a Sexual Assault Protective Order
- ☐ Legal advocacy with your school (middle school/high school)
- ☐ Legal representation for disciplinary proceedings or supportive measures at the college level
- ☐ Legal representation for disciplinary complaints or supportive measures at the secondary school level (middle school/high school)
- ☐ Legal representation for a Sexual Assault Protective Order

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Person Making Referral and relation to client: \_\_\_\_\_

Any other information you would like us to know:

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ICASA STAFF USE ONLY

Date referral form received: \_\_\_\_\_

Received by: \_\_\_\_\_