



Referral for Services

Client Information

Date of Birth

Name

Phone Number

Incident date

Referral Date

LS/CMI

Supervision ends

Name of Supervising Officer

Address

Adjudication/Charge

Referral type

Order type

Domestic
Violence (36)

Anger
Management (26)

Parenting (15)

Other Number of
groups _____

No Contact
No Offensive
Contact

Restraining
Order

No Stalking
Order

Has this person violated
a contact order or RO in
the past?

Yes

No

Unknown

Are they
intellectually
impaired?

Yes

No

Unknown

Is this their
first DV
offense?

Yes

No

Was this a drug/
alcohol related
incident?

Yes

No

Unknown

Please rate the level of risk that you feel the client presents with below:

	Low Risk	.	Moderate	..	High Risk
Risk of a new DV offense					
Risk of a new non- DV offense					

Has the client had any past involvement with the criminal justice system? Previous DV charges? Please explain.

What do you believe is one of the client's strengths?

Police report attached to referral?

Does client have a sex offense? If yes, please email Samantha. Because CAFA serves children, we ask that clients who committed violence against children (when they were not close in age with the victim) be referred to another agency for services.

Yes

No

Yes

No

Recommendation: Client is referred to CAFA for treatment. Client is to fully participate, successfully complete, and fulfill payment obligations for services rendered at CAFA.

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