

***DRAFT***  
**REFERRAL FORM**

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

**To:** \_\_\_\_\_

†	Victim and/or Current Partner	†	Victim Advocate
†	Criminal Justice System	†	Law Enforcement
†	Other Service Provider	†	Client
	( _____ )		

**Participant's Name:** \_\_\_\_\_

**Referral to:** \_\_\_\_\_  
*(include name and phone number of program)*

**Type of Referral:**

†	Drug or Alcohol Treatment	†	Mental Health
†	Other ( _____ )		

**Additional Notes:**

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**(BIP) Staff:** \_\_\_\_\_

**Signature:** \_\_\_\_\_