



## PTV CLIENT REFERRAL FORM

To refer clients for services please submit: **(1) this completed form, (2) copy of I-589, and (3) client's declaration** to [refer@ptvla.org](mailto:refer@ptvla.org) (LA office) OR [referoc@ptvla.org](mailto:referoc@ptvla.org) (OC Office) or fax documents to 213.465.4843. PTV will review referrals to determine eligibility for our program. Note that a referral does not guarantee services. If you have any questions please email [refer@ptvla.org](mailto:refer@ptvla.org) or call 213.384.4788. **PTV Office locations: Los Angeles office** at 3550 Wilshire Blvd. Ste. 1906, Los Angeles, CA 90010 and **Orange County office** at 450 W. 4<sup>th</sup> St. (2<sup>nd</sup> Flr.), Santa Ana, CA 92701.

<b>Person Referring:</b> _____	<b>Referral Date:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
<b>Email:</b> _____	<b>Relationship to Client:</b> Attorney <input type="checkbox"/> Case Manager <input type="checkbox"/>
	Other <input type="checkbox"/> _____

<b>If attorney/attorney office is referring: Firm / Organization:</b> _____
<b>Is this your first time referring a case to PTV?:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (**If yes, please attach a copy of CV.**)
<b>Is this an LAJF Case?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>You are Providing Legal Services:</b> Pro Bono <input type="checkbox"/> Private Fee-for-Service <input type="checkbox"/>
<b>I am submitting:</b> 1) PTV Client Referral Form <input type="checkbox"/> 2) Client's Declaration <input type="checkbox"/> 3) Client's I-589 <input type="checkbox"/>
<b>PTV Office where you are requesting your client receive services at:</b> Los Angeles Office <input type="checkbox"/> Orange County Office <input type="checkbox"/>

<b>Client Name:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>Home Country:</b> _____
<b>Phone:</b> _____	<b>Email Address:</b> _____
<b>Primary Language:</b> _____	<b>Interpreter Needed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>* Please see PTV's attached Interpreter Policy</i>
<b>Date of Arrival to USA:</b> ____ / ____ / ____	<b>A# (if any):</b> _____
<b>Is the client filing for asylum?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, has the I-589 been filed yet?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Date the client's I-589 was filed:</b> ____ / ____ / ____	<b>Asylum Interview Date:</b> ____ / ____ / ____
<b>Schedule of Upcoming Court Hearings</b>	<b>Check if Affirmative Asylum application in backlog</b> <input type="checkbox"/>
	<b>Master Calendar Hearing Date:</b> ____ / ____ / ____
	<b>Merits Hearing Date:</b> ____ / ____ / ____
<b>Reason you are referring client to PTV?</b>	<input type="checkbox"/> Psychological Evaluation Request
	<input type="checkbox"/> Medical Evaluation Request
	<input type="checkbox"/> Supportive Services (Therapy, Medical Care, Case Management)
<b>Special issues or notes for PTV Intake Team:</b>	