**BIP SERVICES REFERRAL FORM**

**send to:**

**Jerry Wallace**

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DATE:

REFERRING AGENCY:

CONTACT PERSON AND TITLE:

ADDRESS:

PHONE NUMBER(S):

EMAIL ADDRESS:

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FULL NAME OF CLIENT:       DATE OF BIRTH:

CLIENT CURRENT ADDRESS:

PHONE NUMBER(S):

EMPLOYER NAME/LOCATION:

REASON FOR REFERRAL:

CASE NUMBER (S):

STATUS OF CASE (DISPOSITION):

CURRENT STATUS: DIVERSION, SUPERVISED (PO or ISO or CSO) or CASE MANAGEMENT:

\* The assessment fee of $200.00 is required up front before scheduling an appointment. The client will then be contacted by phone for an appointment to complete the Kansas Attorney General Domestic Violence Assessment. The Assessment Recommendation will be emailed to the referral source (contact person). Failure to keep scheduled appointment will result in $25.00 rescheduling fee.

ASSESSSMENT RECOMMENDATIONS CAN NOT BE COMPLETED UNTIL COPIES OF SUPPORTING LEGAL DOCUMENTS ARE RECEIVED (OFFICIAL NARRATIVE OF INCIDENT THAT WAS REASON FOR REFERRAL). THESE **MAY** INCLUDE COPIES OF: PROBALE CAUSE AFFIDAVIT, POLICE REPORTS, ORDER OF PROTECTION, PSI, ETC.