**BIP SERVICES REFERRAL FORM**

**send to:**

**Jerry Wallace**

**jerry@bip-services.com**

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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:

CLIENT CURRENT ADDRESS:

PHONE NUMBER(S):

REASON FOR REFERRAL:

CASE NUMBER:

STATUS OF CASE (DISPOSITION):

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

\*The client will be contacted by phone for an appointment to complete the Kansas Attorney General Domestic Violence Assessment. The Assessment Recommendation will then be emailed to the referral source (contact person). The assessment fee of $150.00 is required up front. Failure to keep scheduled appointments (without rescheduling at least two hours prior) will result in a $20.00 missed appointment fee.

ASSESSSMENT RECOMMENDATIONS CAN NOT BE COMPLETED UNTIL COPIES OF SUPPORTING LEGAL DOCUMENTS ARE RECEIVED. THESE **MAY** INCLUDE COPIES OF: PROBALE CAUSE AFFIDAVIT, POLICE REPORTS, ORDER OF PROTECTION, PSI, ETC.