



**Legal Program Referral Form**

Fax to IowaCASA: 515-850-1900

ATTN: Legal Team

Or email to [advocate@iowacasa.org](mailto:advocate@iowacasa.org)

**Please read the following information before completing the referral.**

To be eligible as an IowaCASA legal client, you must be a survivor of sexual assault or abuse and be a student in a secondary school, college, or university in Iowa. After completion of the referral form, one of legal program's staff members will review it to determine whether more information is needed, and if so, someone will contact you. This referral does not guarantee IowaCASA legal program will take your case.

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

Person Making Referral: \_\_\_\_\_ Self? \_\_\_\_\_

Client Name: \_\_\_\_\_

Have you been sexually abused, assaulted, or harassed? \_\_\_\_\_

Safe Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Name of School: \_\_\_\_\_

Is the person causing harm a:  student  school staff  acquaintance  relative  
 unknown  other \_\_\_\_\_

Safe phone number: \_\_\_\_\_ Is it ok to leave messages? \_\_\_\_\_

Alternate number: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Main Legal Problem: \_\_\_\_\_

Advocate's name (if applicable): \_\_\_\_\_

Advocate's phone (if applicable): \_\_\_\_\_

(Please specify in the back what type of legal services you are requesting)

What type of legal services are you looking for? (Check all that apply)

- Legal advocacy in filing for a Sexual Assault Protective Order
- Legal advocacy with your school (middle school/high school)
- Legal representation for disciplinary proceedings or supportive measures at the college level
- Legal representation for disciplinary complaints or supportive measures at the secondary school level (middle school/high school)
- Legal representation for a Sexual Assault Protective Order