

WASHOE LEGAL SERVICES

299 So. Arlington Ave., Reno, Nevada 89501

Phone: 329-2727 Fax: 329-2773

CHILD ADVOCACY PROGRAM ATTORNEY REFERRAL FORM

Case No. Enter Case No. Today's Date: Enter Date.
Next Court Date: Enter Date. Time: Enter Time. Department: Enter Department.
Type of Hearing: Enter Hearing Type. Social Worker: Enter Name.

Name of Child: Enter Full Name. DOB: Enter Date.
With whom is child living: Enter Full Name.
Address: Enter Full Address.
Telephone: Enter Phone Number.
Race/Ethnicity: Enter Race/Ethnicity.
Mother: Enter Name. Father: Enter Name.
Name of person child has been removed from: Enter Name.
Relationship to child: Enter Relationship. Ex. Mother, Father, Grandmother etc.
Name(s) of siblings: Enter Name(s).

Name of Child: Enter Full Name. DOB: Enter Date.
With whom is child living: Enter Full Name.
Address: Enter Full Address.
Telephone: Enter Phone Number.
Race/Ethnicity: Enter Race/Ethnicity.
Mother: Enter Name. Father: Enter Name.
Name of person child has been removed from: Enter Name.
Relationship to child: Enter Relationship. Ex. Mother, Father, Grandmother etc.
Name(s) of siblings: Enter Name(s).

Referral Received From: Enter Name. Agency: Enter Agency Phone: Enter Phone.

Please list the reasons you are making the referral to Washoe Legal Services:
Enter Reason.