

Imperial County Family Justice Center (ICFJC) Referral

SERIAL COMPOSITION OF SERVICES

Please complete as much information available and submit with any of the following options:

Drop- off/Mail: 2999 S. 4th St, El Centro, CA 92243 Email: FamilyJusticeCenter@co.imperial.ca.us

For more information or questions contact (760) 336-3965.

Date Submitted: Check Box If Need Immediate Attenti						
VICTIM INFORMATION						
Name:						
Last Name	Name First Name			Initial		
Parent/Guardian/Authorize	d Rep of Victim (if a	oplicable): _				
Social Security:	Date of Birth:			Gender: D	F $\square M$ $\square T$	
Current Residence/Location	ı:					
	Number	Street	City, Sta	te,	Zip Code	
Home Phone #: ()		Mobile Phone #: ()	_=	
Best way to contact: Pho	one Mail I	Email 🔲 I	Home Visit Una	able to contact O	ther	
Is it safe to leave a message	?: Yes No	P	rimary Language:			
Victim Type:						
Child Abuse	☐ Domestic/Family	Violence	☐ Elder Abuse	Elder Abuse		
☐ Human Trafficking ☐ Sexual Assault/Rape ☐			Other:			
Crime Report #: LE Investigating Agency:						
	SUSPE	CT ABUSI	ER INFORMATIO	ON		
Name:						
Name: Last Name First Name			t Name		Initial	
Social Security: Date of Birth: Gender: Description of Birth: Gender: Gender: Gender: Gender: Gender:						
Current Residence/Location						
	Number	Street	City, Sta		Zip Code	
Charges filed: Yes No Pending Relationship to Victim:						
	REFERRI	NG AGEN	CY INFORMATI	ON		
Agency/Program Name:						
Case Worker Name:			Title:			
Email:			Phone #: ()			
REQUESTED ASSISTAN	NCE:					
FOR OFFICE USE ONLY:	ICFJC Case #			Date Received		
Case Worker Assigned:						
Action completed: Referral	☐Direct Service		Coordination	Date Closed:		
Notes:						