



Montgomery County  
 Department of Health and Human Services  
**Trauma Services**  
 1301 Piccard Drive, Rockville, Maryland 20850  
 Phone: 240-777-1355 Fax: 240-777-1329

**ABUSE INTERVENTION PROGRAM REFERRAL**

Referral Date:		Referral Source: <input type="checkbox"/> Self <input type="checkbox"/> Parole/Probation <input type="checkbox"/> Court System <input type="checkbox"/> Other: _____			
<b>OFFENDER INFORMATION</b>					
Last Name:		First Name:		Middle Initial:	
Home Phone No.:	Work Phone No.:	Cell Phone No.:	Permission to leave voicemail: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address:		City:	State:	Zip Code:	
Does Client speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred language for communication:	Email:		
Legal Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Identified Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Neutral		Preferred Pronouns:	Date of Birth:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____					
<b>AGENT/CASEWORKER INFORMATION</b>					
Name:		Direct Phone No.:	Email:		
Office Location:					
<b>CASE INFORMATION</b>					
<input type="checkbox"/> PTSU <input type="checkbox"/> Community Supervision		Case No.:	Court Date:	Sentence Date:	Probation Expiration Date:
Sentence/Bond Conditions:			Special Conditions:		
Offender has prior criminal record: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior DV/Criminal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior DV/Civil: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>VICTIM INFORMATION</b>					
Last Name:		First Name:		Home or Cell Phone No.:	
Home Address:		City:	State:	Zip Code:	
<b>ADDITIONAL INFORMATION</b>					
<b>ATTACHMENTS</b>					
<input type="checkbox"/> Charging Documents or Orders <input type="checkbox"/> Police Report <input type="checkbox"/> Release of Information <input type="checkbox"/> Other: _____					