



# North Texas Coerced Debt Pilot Referral Form

Please complete this form and email it to: [CaseReferral@TexasAdvocacyProject.org](mailto:CaseReferral@TexasAdvocacyProject.org) and [MGray@TexasAdvocacyProject.org](mailto:MGray@TexasAdvocacyProject.org)

*Note the survivor must feel comfortable executing a release before this information can be shared.*

### \*Required fields

<b>Referring Agency:</b>	<b>Date:</b>
<i>Survivor's Information</i>	
* <b>Full Name:</b>	* <b>DOB:</b>
* Phone Number:	Zip Code:
Safest way and time to contact?	
Safe to leave a message?	
<i>Abuser's Information</i>	
* <b>Full Name:</b>	* <b>DOB:</b>
<i>Other Helpful Information</i>	
<p>What is your understanding of the survivor's legal needs?  Ex: Identify theft? Negative Credit Report? Safety? Divorce/custody?</p> <p>What language does the survivor speak?</p> <p>Is there any additional information that would be helpful to know?</p> <p>Check here if you are attaching the Coerced Debt Screening Tool (with survivor's permission)</p>	