



# PROGRAM *for* TORTURE VICTIMS

## ATTORNEY REFERRAL FORM

To refer a new client for forensic evaluation, please submit this **completed form, I-589 application and declaration** via fax to 213.747.4662 or email to [mshackelford@ptvla.org](mailto:mshackelford@ptvla.org). Ana Deutsch, PTV's Clinical Director, will review for eligibility for PTV services. If you have any questions regarding a client referral, please contact PTV's Case Manager, Maggie Shackelford, at 213.747.4944 x 252 or via email (above).

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

Attorney's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Asylum Applicant: \_\_\_\_\_ A #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Country: \_\_\_\_\_ Interpreter needed:  Yes\*  No

Primary Language: \_\_\_\_\_ *\* If an interpreter is required, please review **PTV's Interpreter Policy** (effective March 1, 2013).*

INS Interview Date: \_\_\_\_\_

Master Calendar Hearing Date: \_\_\_\_\_

Merits Hearing Date: \_\_\_\_\_

Due Date for PTV Reports: \_\_\_\_\_

Type of Forensic Evaluation Requested:  Psychological  Medical  Both

Special Issues (e.g.. focus of evaluation): \_\_\_\_\_