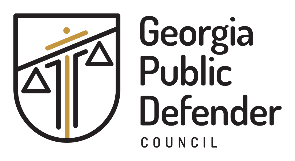
**Client Support Services Referral Form**

GPDC Central Office Client Support Services Unit

**Date submitted:** Click or tap to enter a date.

**Directions for Referring Public Defenders:**

* Please determine if your client wishes to have the assistance of a Client Services Specialist on their case. **Complete this form, attach a signed Informed Consent Form, Permission to Share, and any other supporting documents submit to** [**CSSU@gapubdef.org**](mailto:CSSU@gapubdef.org) **as early as possible.** We expect that you have interviewed your client and have thoroughly reviewed their case information prior to determining if they are eligible for a referral to the Unit (see eligibility criteria below).
* Once the referral has been received, it will be screen for eligibility. Cases that are accepted will be assigned to a Specialist within 24 hours.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Support Services Eligibility Checklist**  **(All must be CORRECT for participants to be eligible for services)** | | | | |
| Has a charge that could result in jail or prison time | Correct | | Incorrect | Don’t know |
| Is currently represented by a Public Defender | Correct | | Incorrect | Don’t know |
| Does not have a pending case(s) in other jurisdictions | Correct | | Incorrect | Don’t know |
| Does not have a hold from another county/state/or ICE | Correct | | Incorrect | Don’t know |
| **\*If ANY item is marked “incorrect”, please explain:** Click or tap here to enter text. | | | | |
| **Client Information:** | | | | |
| Full Name: Click or tap here to enter text. | | DOB: Click or tap to enter a date. | | |
| |  | | --- | | **Does the Client have an open DFCS case?** YES NO | | Charged(s): Click or tap here to enter text. | | | | | |
| Sentencing guidelines (if applicable): Click or tap here to enter text. | | | | |
| **Next Court Hearing Date:** Click or tap to enter a date. | | Hearing time: Click or tap here to enter text. | | |
| Court hearing location: Click or tap here to enter text. | | | | |
| **Public Defender Information** | | | | |
| **Alternate Public Defender Office Location:** Click or tap here to enter text. | | | | |
| **Attorney’s Name**: Click or tap here to enter text. | | **Preferred Communication:** Choose an item. | | |
| **Direct Phone:** Click or tap here to enter text. | | **Work Email:** Click or tap here to enter text. | | |
| **Supporting Documents Attached:** | | | | |
| **Police Report** YES NO | | | | |
| **Client’s Criminal History** YES NO | | | | |