



ALAMEDA COUNTY BAR ASSOCIATION COURT APPOINTED ATTORNEYS PROGRAM
Request for Social Worker for Adult Clients - Confidential Attorney Referral Form

Request Date: _____ Attorney: _____ Atty Ph#: _____
Atty Email: _____ Client Name: _____
Docket No: _____ PFN: _____ DOB: _____ Gender: _____
Ethnicity/Race: _____ Client Address: _____
Client Phone Number: _____ Client Email: _____
Interpreter Needed/ Language: _____ 290/Arson Reg Possible or Current: _____
Current Charges: _____ Case Type (Franklin, Felony, Re-sentencing): _____

Current Offer: _____ Years _____ Months **Max Exposure:** _____ Years _____ Months

Arrest Date: _____ Custody status: in out
Next Court Date: _____ Dept: _____ Time: _____ Type of Hearing: _____

Estimated Social Worker Due Date: _____

Known Collateral Contact information (name, relationship to client, contact information):

Assignment request:

Requesting funds approval, but attorney has identified a social worker who will take case.

Social worker name and contact info: _____

Attorney requests that that Social Work Manager help assign case.

List relevant records attorney has requested or retains in file: _____

Case status (Examples: How old is the case? Might it go to trial soon? Already had any PTH? Post PX?...):

Social work services requested:

Estimated Budget (Please attach additional estimate invoicing rows as necessary)

Activity	# Hours	Rate	Total

ATTORNEY SIGNATURE: _____ DATE: _____

(For CAAP Use Only)

Authorization # _____ Total # Authorized: _____

Social Work: _____ hrs. @ \$ _____ per hr. Cass Class: _____

Remarks:

Date: _____ Authorized Signature: _____