

THIS TLC VICTIMS OF CRIME REFERRAL FORM IS INTENDED FOR USE BY SOCIAL SERVICE PROFESSIONALS INCLUDING, BUT NOT LIMITED TO: POLICE DEPARTMENTS, DEPARTMENT OF CHILDREN & FAMILY SERVICES, DEPARTMENT OF SOCIAL SERVICES, ETC.

DIRECTIONS:

Completely fill out every input field using your computer. Your "TAB" key will advance your cursor to the next input field. Click the **SUBMIT** button below to automatically send this completed form to our office from your computer's email software.



**TLC Victims of Crime
In-Home Counseling Referral**

Telephone:
(562) 925-3700

Fax Referral To:
(562) 925-3705

Attention: Referral Processing Technician

Referral From:	Agency:	Date:
Referral Telephone No:	Referral E-mail Address (required):	

CLIENT(S) INFORMATION

Parent/Caregiver's Name:		
Address:	City:	Zip Code:
Telephone No (10 digits):	Alt. Phone No (10 digits):	

Victim's Name(s):	Date of Birth:	Victim's Name(s):	Date of Birth:

Involved Law Enforcement Agency:	Police Report No:
Date of Crime:	Location of Crime:
Detective:	Detective Telephone No:

Crime Summary:

ATTENTION:

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