

## Support Referral Form

Veritas Justice referrals should be sent via secure email to [advocacy.referrals@veritas.cjsm.net](mailto:advocacy.referrals@veritas.cjsm.net) or to [support@veritas-justice.co.uk](mailto:support@veritas-justice.co.uk).

### Referring Agency Details:

Contact Name(s): \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Has the case being heard at MARAC?:  Yes  No If "Yes", on what date?: \_\_\_\_\_

### Victim's Details:

Consent: Please confirm that the victim has consented to this referral and to being contacted by Veritas Justice for this purpose:  Yes  No

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is this number safe to call?  Yes  No

Is it safe to leave a message?  Yes  No

Email Address: \_\_\_\_\_

Is this email safe for us to use?  Yes  No

Please insert any relevant contact information (e.g. preferred times to call, etc.):

Diversity Data (if known and willing to divulge):

- White British
- White Irish
- Gypsy or Irish Traveller
- Other white background

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

- African
- Caribbean
- Other Afro/Caribbean background

Arabian

Other – please state \_\_\_\_\_

Mixed ethnicity

Unknown

**Religion or Belief (if known):**

- No Religion  Christian  Buddhist  Hindu  Jewish  Muslim  Sikh
- Other Religion  Unknown

Do you consider yourself to have a disability?:  Yes  No

**Sexual Orientation:**

- Heterosexual  LGBT  Other – please state \_\_\_\_\_
- Prefer not to say

**Gender:**

- Female  Male  Transgender  Non-binary  Other – please state \_\_\_\_\_
- Prefer not to say

**Perpetrator's Details (if known):**

Name: \_\_\_\_\_

Aliases (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address(es):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

**Details of Any Children:**

Child's Name (Please add extra rows if necessary)	Date of Birth	Relationship to Victim	Relationship to Perpetrator	Address	School

Reason for Referral (Please give a brief background):

Would you like consultancy on this case (if you continue to work with the client)?: Yes/No

Is your referral for one-off safety advice? Yes/No

Is your referral for ongoing support? Yes/No

Is there an active stalking investigation with Sussex Police? Yes/No

Have you spoken/reported to any agency? Yes/No If so, who? \_\_\_\_\_

Has the perpetrator been arrested? Yes/No

If so, what were they charged with? \_\_\_\_\_

Are there police bail conditions? Yes No

Is there a local Domestic Violence service involved? Yes No Not Applicable

If so, what are their contact details? \_\_\_\_\_

Has the perpetrator attended court? Yes No Not Applicable

Please include details of charge, bail conditions, next court hearing date etc. below:

Have you been risk assessed using DASH?  Yes No  Not Applicable

Have the S-DASH 11 stalking questions been used?  Yes No

**Additional Details:**

Who or what are you afraid of? Please provide additional information below (to include all potential threats, and not just the primary perpetrator):

**Additional Referrer Details:**

Please provide details of any work that has already been completed or is ongoing through your organization (e.g. safety planning, risk assessments, housing advice etc.):