### Client Services Referral

(With a Mitigation Supplement)

❐ Mental Health Services ❐ Substance Use Services

❐ Housing/Home Plans ❐ Transportation

❐ Public Benefits (Disability, SNAP, Medicaid) ❐ ID/Vital Documents/Driver’s License

❐ Mitigation ❐ Reentry Plan

❐ Employment Assistance ❐ Other (please specify below)

1. Provide details on the assistance requested.
2. What is the status of the criminal case (e.g., next court date, charges, anticipated outcomes), and how is this assistance related?
3. Share what we should know about the client that may impact service delivery (e.g., diagnosis, particular challenges, civil protection order, etc.) .
4. Is there a deadline for the assistance requested? ❐ Yes: \_\_\_\_\_\_\_ ❐ No
5. Please provide your phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mitigation Request Supplement**

1. Would you like: ❐ Formal memo ❐ Informal outline ❐ Other
2. What is the outcome you are looking for (e.g., dismissal/amendment of charges, a particular sentence)?
3. What is the theory of the case you are seeking to support with this mitigation?
4. Who is your audience and is there relevant information about the assigned prosecutor or judge that is helpful for this mitigation?