



Referral to Prairie State Legal Services (PSLS)

Date: _____ Referral Organization: _____

Staff Member: _____ Contact Info: _____

I affirm that the applicant below has requested to be contacted by PSLS. Yes No

Applicant Information

Name: _____ DOB: _____

Mailing Address: _____

Safe Phone Number(s): _____ Gender: _____

Email: _____ Language: _____

May we leave a detailed voice message? Yes No | Does applicant consent to text messages? Yes No

Reason for Referral

Safety

- Order of Protection
- Civil No Contact
- Elder Abuse
- Financial Exploitation
- Divorce

Housing

- Eviction
- Discrimination
- Habitability
- Foreclosure
- Rent to Own
- Facility Discharge

Financial Stability

- Social Security
- Medicaid/Medicare
- Veterans Benefits
- TANF
- SNAP/Food Stamps
- LIHEAP
- Expunge/Seal
- Criminal Records
- Education (minor)
- Will or POA
- Guardianship
- Bankruptcy/Debt
- Tax Issues

Other (identify the legal issue with one or two words only): _____

Opposing Party Information (Required)

Name: _____ DOB: _____

Mailing Address: _____ Phone Number: _____

Consent for Referral and Release of Information

I authorize the above-listed agency to refer me to Prairie State Legal Services ("PSLS") and to release information to PSLS about my legal problem and the assistance needed. I authorize PSLS to contact me at the address, phone number, and/or email provided above and to contact the referring source about my application as needed.

I understand that this referral does not guarantee that PSLS will accept me as a client and does not create an attorney-client relationship. I understand that PSLS has limited resources, financial eligibility guidelines, and specific case-type priorities and prohibitions to which it must adhere, and that PSLS must determine whether a referred client's legal matter presents a conflict of interest. I consent to PSLS contacting me in order to screen me for eligibility and conflicts of interest.

Date: _____ Applicant's Signature: _____

I am a citizen of the United States of America.

Date: _____ Applicant's Signature: _____

Please do not provide any additional documents or information at this time.

Email the completed referral form to referrals@pslegal.org.