

*The Protective Order Pro Bono Project*  
*A Program of*  
*The Indiana Coalition Against Domestic Violence*  
Contents are Confidential

*Fax to Kerry Blomquist at 917-3695*  
*Please attach a copy of the Petition and Exparte Order*

Date of Referral:  
Referred By:

**Client Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secure Telephone Number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

**Respondent Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_

**Case Information**

Date filed: \_\_\_\_\_ Court #: \_\_\_\_\_  
Cause number: \_\_\_\_\_

Children in common: yes/no      Pending paternity action: yes/no      Divorce action pending: yes/no

Request for legal representation at PO hearing.      Date of hearing \_\_\_\_\_  
 Request for legal representation at contempt hearing      Date of hearing \_\_\_\_\_  
 Request for legal representation at PO defense hearing      Date of hearing \_\_\_\_\_  
 Other: \_\_\_\_\_

Notes or special concerns:

Legal Project Director Use:  
Referral date:  
Details:

Approved/Declined:

Attorney: \_\_\_\_\_ LS/PL: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_