



# TLC Victims of Crime In-Home Counseling Referral

Telephone:  
(562) 925-3700

Fax Referral To:  
(562) 925-3705

# FAX

**Attention: Referral Processing Technician**

Referral From:	Date:	Pages:
Referral Telephone No:	Agency:	

### CLIENT(S) INFORMATION

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

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:

This fax transmission may contain confidential information, may be protected by Federal statute and may be legally and clinically privileged. **It is intended only for the use of the individual or entity named in this facsimile transmission.** If the reader of this transmission is not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this transmission is strictly prohibited. If you received this transmission in error, please notify me immediately by phone and mail the original transmission to me. Thank you.