

Program for Torture Victims

3655 S. Grand Ave. #290, Los Angeles - CA 90007 - (213) 747-4944
Fax: (213) 747-4662

Attorney Referral Form

Date: _____

Attorney: _____ Address: _____

Phone: _____ Fax: _____ E-mail: _____

Asylum Applicant: _____ A#: _____

Address: _____ Phone #: _____

Country of Origin: _____ Interpreter needed: Yes No
Language: _____

INS Interview date: _____

Filing date for PTV reports: _____

Master Calendar hearing date: _____

Merits hearing date: _____ Time: _____

Type of evaluation requested: Psychological _____

Medical _____

Court Testimony needed: Yes No

Special Issues (e.g. focus of evaluations): _____

Please return this form along with I-589 and client's declaration.