



**ALAMEDA COUNTY BAR ASSOCIATION COURT APPOINTED ATTORNEYS PROGRAM**  
**Request for Social Worker for Adult Clients - Confidential Attorney Referral Form**

Request Date: \_\_\_\_\_ Attorney: \_\_\_\_\_ Atty Ph#: \_\_\_\_\_  
Atty Email: \_\_\_\_\_ Client Name: \_\_\_\_\_  
Docket No: \_\_\_\_\_ PFN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Client Address: \_\_\_\_\_  
Client Phone Number: \_\_\_\_\_ Client Email: \_\_\_\_\_  
Interpreter Needed/ Language: \_\_\_\_\_ 290/Arson Reg Possible or Current: \_\_\_\_\_  
Current Charges: \_\_\_\_\_ Case Type (Franklin, Felony, Re-sentencing): \_\_\_\_\_

**Current Offer:** \_\_\_\_\_ Years \_\_\_\_\_ Months    **Max Exposure:** \_\_\_\_\_ Years \_\_\_\_\_ Months

Arrest Date: \_\_\_\_\_ Custody status:  in  out  
Next Court Date: \_\_\_\_\_ Dept: \_\_\_\_\_ Time: \_\_\_\_\_ Type of Hearing: \_\_\_\_\_

**Estimated Social Worker Due Date:** \_\_\_\_\_

Known Collateral Contact information (name, relationship to client, contact information):

Assignment request:

Requesting funds approval, but attorney has identified a social worker who will take case.

Social worker name and contact info: \_\_\_\_\_

Attorney requests that that Social Work Manager help assign case.

List relevant records attorney has requested or retains in file: \_\_\_\_\_

Case status (Examples: How old is the case? Might it go to trial soon? Already had any PTH? Post PX?...):

Social work services requested:

**ALL REQUESTS FOR EXPENSES MUST BE MADE IN WRITING AND APPROVED BEFORE EXPENSE IS INCURRED. ONLY THE AMOUNT APPROVED WILL BE PAID.**

Budget - Activity	# Hours	Rate	Total

ATTORNEY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(For CAAP Use Only)*

Authorization # \_\_\_\_\_ Total # Authorized: \_\_\_\_\_

Social Work: \_\_\_\_\_ hrs. @ \$ \_\_\_\_\_ per hr. Cass Class: \_\_\_\_\_

Remarks:

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_