

# SANTA FE DREAMERS PROJECT



PO Box 8009  
Santa Fe, NM 87504  
Tel: (505)490-2789  
Fax: (505)672-7912  
info@santafedreamersproject.org  
[www.santafedreamersproject.org](http://www.santafedreamersproject.org)

## COMMUNITY AGENCY REFERRAL FORM

Name of Agency: \_\_\_\_\_

Name of Referring Staff Member: \_\_\_\_\_

Email of Referring Staff Member: \_\_\_\_\_

Full Name of Prospective Client: \_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

Client's A# (if applicable): \_\_\_\_\_

Client's Date of Birth and Country of Birth: \_\_\_\_\_

Is this client part of the LGBTQ+ community?     Yes             No

*Staff member: Please fill out this form as accurately as possible. Please fill it out in reference to the person who the case applies to.*

Has this client ever spoken with an SFDP attorney before?    YES    NO

**If yes please explain:**

Does client currently have a lawyer in this case?    YES    NO

**Does client have an upcoming Immigration Court hearing?**    YES            NO

If yes, when: \_\_\_\_\_

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**Please summarize client's question/problem\*:**

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\*If a prospective client's problem is not related to immigration (for example, custody/divorce issues or criminal issues) please do not send a referral. If you have a question about whether our services cover your client's problem, please send email to Deshawnda: [deshawnda@santafedreamersproject.org](mailto:deshawnda@santafedreamersproject.org).

*Staff member: Please have the prospective client sign the following release of information (put your agency's name in the blank) and let them know that you will be sending this referral and someone from our office will be calling them as soon as possible to talk about their case.*

Release of Information: I hereby authorize \_\_\_\_\_  
to share the information contained on this referral form with Santa Fe Dreamers Project for the purposes of assessing whether they can represent me or offer me legal advice on an immigration case. I understand that Santa Fe Dreamers Project will keep all information on this form confidential.

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

**PLEASE SCAN AND SEND IN AN EMAIL TO  
[INFO@SANTAFEDREAMERSPROJECT.ORG](mailto:INFO@SANTAFEDREAMERSPROJECT.ORG) WITH SUBJECT "REFERRAL."**