



**CROSSROADS**  
**FOR FLORIDA KIDS**

## **Criminal Referral Form for AAL Legal Representation**

**\*\*\*Please email completed form to [scott@crossroadsfloridakids.org](mailto:scott@crossroadsfloridakids.org)\*\*\***

**Date:**

**Name of Prospective Client:**

**Gender:**

**Date of Birth:**

**Phone #:**

**Case Number(s):**

**Current Residence (Name/Address):**

**Next Hearing Date:**

### **Parties/Participants**

**Name of Father:**

**Name of Mother:**

**Name of Legal Guardian:**

**Names of Sibling(s):**

**Name of Victim(s):**

**Names of Co-Defendant(s):**

**Name of PO:**

### **LEGAL NEEDS/SPECIAL CIRCUMSTANCES (Check any that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Illness                | <input type="checkbox"/> Intellectual Disability/Autism |
| <input type="checkbox"/> Substance Abuse               | <input type="checkbox"/> Human Trafficking              |
| <input type="checkbox"/> Counseling Needs              | <input type="checkbox"/> Transportation Needs           |
| <input type="checkbox"/> Education/School Needs        | <input type="checkbox"/> Medical Benefits/Needs         |
| <input type="checkbox"/> Competency                    | <input type="checkbox"/> Probation Conditions           |
| <input type="checkbox"/> Additional Information: _____ |   |

\_\_\_\_\_  
**Circuit Court Judge, Criminal Division**  
**Thirteenth Judicial Circuit**

**Note: Referral Information is required for conflict checking purposes**