



# 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:**  
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