



Montana Coalition
Against Domestic & Sexual Violence

Sexual Assault Legal Services Program (SALS)

Referral for Legal Services

Applicant Name: _____ DOB: _____

Former/Other Names: _____

Mailing Address: _____ City: _____ Zip: _____

Can SALS send you confidential mail at this address? _____

Phone numbers for a callback from SALS: _____

The best time to call? _____ May we leave a voicemail message? _____

Email address: _____ Can you receive confidential emails at this address? _____

Race: _____ Preferred Pronoun: _____

Primary Language Spoken: _____

If needed, list translations services you may need: _____

Other accommodations needed: _____

Any Disabilities (mental or physical): _____

Legal Needs/Questions

Referring Agency (if any): _____

Advocate Name/Phone Number (if any): _____

Please describe the legal issue with which you need assistance: _____

Have any court papers been filed related to your legal issue(s)? _____

Filed when: _____ What was filed? _____
Filed by you or the opposing party? _____

Have you filed for an Order of Protection (Restraining Order)? _____

If so, what is the date, time, and place of the hearing? _____

Opposing Party/Perpetrator:

Name: _____ Age: _____

Former/Other Names: _____

Last Known Address/Location: _____

Is this person represented by an attorney? _____ If yes, attorney name: _____

Do you have children with this person? _____

Names and Ages of Children: _____

What type of relationship are/were you in with the opposing party?

- _____ dating
- _____ marriage (married since ____ year)
- _____ cohabitation
- _____ acquaintance/friend
- _____ no relationship

DATE APPLICATION SENT TO SALS: _____

Thank you for your interest in the Sexual Assault Legal Services Program. Please complete a release form to accompany this application and send to:

MCADSV Sexual Assault Legal Services Program
P.O. Box 818
Helena, MT 59624

Or email to: rturner@mcadsv.com.

You will receive confirmation that your application was received. Please follow up your application if you are not notified of receipt. After your application is received it will be processed and a member of the SALS legal team will contact you no later than seven business days from the date SALS receives the referral. Please call (406) 443-7794 x 118 with questions.