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**Child Welfare/DV Liaison Referral**

**Instructions: If you are working with a domestic violence-involved family and would like to consult with your liaison(s), you may call the liaison directly or email the referral form below to the liaison(s).**

**Liaison Contact Information:**

|  |  |
| --- | --- |
| **Amanda Sumner** | **Mack Martin** |
| **(615) 879-5228** | **(615) 879-5321** |
| **AmandaLSumner@jisnashville.gov** | **McKenzieRMartin@jisnashville.gov** |
| **Office Hours: T-F 8:00AM-6:30PM** | **Office Hours: M-F 9:00AM-5:30PM** |

**Please Fill Out the Following Information Below:**

|  |  |
| --- | --- |
| **DCS Professional Name:** |  |
| **DCS Professional Phone Number:** |  |
| **DCS Professional Email:** |  |
| **NOP Name(s):** |  |
| **NOP Date of Birth:** |  |
| **NOP Address:** |  |
| **NOP Contact Information:** |  |
| **NOP Primary Language:** |  |
| **AP Name(s):** |  |
| **AP Date of Birth:** |  |

**Reason for Referral (Please “X” the appropriate box(es) below):**

|  |  |
| --- | --- |
|  | **Consultation Request**: I would like to discuss a case regarding a family experiencing domestic violence. Please contact me. |
|  | **Visit Attendance Request**: I am requesting your presence on my site visit for a family experiencing domestic violence. Please contact me. |
|  | **Contact Request**: I would like for you to contact a non-offending parent experiencing domestic violence. Please contact me. |

**Providing the information below is helpful for this referral.**

\*Provide a brief description of the family’s circumstances, including relevant details related to domestic violence (if known):

\*Provide any case notes or report information that may be helpful:

\*Additional comments or relevant information that may assist in understanding the family’s needs: