

# Referral Intake Form – True Path Legal Consulting

Name / Organization:

---

Email Address:

---

Phone Number (optional):

---

Client Initials (privacy safe):

---

Client Type:

- Adult
- Youth
- Family
- Reentry / Justice-Involved

Primary Service Needed:

- Legal System Navigation
- DUI / Criminal Support
- Housing Assistance
- Mental Health Services
- Substance Use Treatment
- Employment Support
- Other

Urgency Level:

- Low (7+ days)



- Medium (3–7 days)
- High (24–72 hours)
- Urgent (24 hours or less)

Brief Case Summary (no identifying details):

---

---

Additional Notes (optional):

---

