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Charitable Reg. #: 119146363RR0001

Community Organization *Printable* Referral for *Pathways to Justice: Legal Support Fund*

Please have a **Community Organization Worker** fill out this form

Community Organization Worker's Name:	
Community Organization Worker's Title:	
Name of the organization you work for:	
Community Organization Worker's contact information:	
Applicant's Name:	

Please confirm that you have read and agree with the following statements by checking the boxes.

I can confirm that the applicant has been impacted by sexualized violence.	☐
I can confirm that the applicant would benefit from this financial support for legal and/or other costs while on their journey to justice.	☐

Community Organization Worker's Signature

Date