



*Bernalillo County Metropolitan Court
Outreach Court/Presiding Judge Maria I. Dominguez*

OUTREACH COURT REFERRAL FORM

401 Lomas Blvd, NW, Albuquerque, NM 87102
PO Box 133, Albuquerque, NM 87103

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REFERRAL SOURCE INFORMATION

DATE OF REFERRAL: _____
AGENCY: _____
ADVOCATE/CASE MANAGER: _____
PHONE: (____) ____-____ **FAX:** (____) ____-____
EMAIL: _____

PARTICIPANT INFORMATION

NAME: _____ **D.O.B.:** _____ **SS#:** ____-____-____
CASE NUMBER(S): (if available) _____
PHONE: (____) ____-____ **Is this number text capable?** yes no
EMAIL: _____ **MESSAGE NUMBER:** (____) ____-____
ALTERNATE CONTACT: _____
Is the participant homeless as defined by the ABA*? yes no
Is the participant a Veteran? yes no
Is the participant in warrant status? yes no unknown
Is the participant currently represented by an attorney? yes no unknown
Is the participant working with any other agencies? If yes please list _____

SERVICES INTENDED TO PROVIDE TO PARTICIPANT:

- Housing Employment/Job Development Social Security Insurance
 Substance Abuse Mental Health Physical Health Other: _____

*The American Bar Association definition of "homeless person"-individuals who lack a fixed, regular, and adequate nighttime residence, including those who, due to loss of housing, economic hardship, or similar reasons, are sharing the housing of others or living in motels, hotels or camping grounds.