



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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Email: metrmab@nmcourts.gov

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**REFERRAL SOURCE INFORMATION**

DATE OF REFERRAL: \_\_\_\_\_  
AGENCY: \_\_\_\_\_  
ADVOCATE/CASE MANAGER: \_\_\_\_\_  
RELATIONSHIP\*\* \_\_\_\_\_

\*\*We are asking that anyone making referrals not have a non-professional, familial, or domestic relationship with the individual being referred. \*\*

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 or involved with CYFD?  
If yes please list \_\_\_\_\_  
Does the participant require an interpreter?  Yes  No  
If yes, please specify language needed \_\_\_\_\_

**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.