

Fourth Judicial District Department of Correctional Services
Non-Court Ordered Referral for Iowa Domestic Abuse Program

Information for the Individual Being Referred to IDAP:

Last Name First Name Middle Name

Date of Birth Social Security Number Gender

Street Address

City State Zip Code

Home Phone # Cell Phone #

Email Address

Accommodation Requests:

Who is referring the individual to IDAP? (Check appropriate box and write name, phone number & email)

 DHHS DHHS Worker Name:
Phone Number:
Email Address:

 Public Defender Public Defender Name:
Phone Number:
Email Address:

 Attorney Attorney Name:
Phone Number:
Email Address:

 Other Name:
Phone Number:
Email Address:

Cause Number Associated with Referral: **County:** **Convicted?** Yes No

No Contact Order? Yes No **If yes, protected party(ies):**

Juvenile Court Involved? Yes No **CHINA case?** Yes No

Please provide any relevant information the IDAP facilitators should be aware of regarding this individual:

Email referrals to: 4th.idap@iowa.gov
Contact person: Anne Robbins / 712-396-2222
Anne.Robbins@iowa.gov