



Case Referral Information & Instructions

1. The IJM Case Referral Form will guide you through the referral process. You print out the form and return it to us by facsimile or mail.
2. To aid the IJM in an assessment of the injustice you would like to report, please answer the questions on the form to the best of your ability.
3. In the event you did not personally witness the act of injustice, but received the information from a third party, IJM may need to contact a person with first-hand information. Please be sure to include this person's contact information and whether we should contact them directly or through you.
4. Complete, detailed information is very important, but please do not take efforts that would put you or others at risk of harm in order to gather additional information you do not already possess.
5. Please submit your case referral even if you are not sure about the severity of the situation or whether the case meets IJM's criteria.
6. You are not relinquishing control of the information you provide when making a report to IJM using this form. IJM staff will consult you before taking any action.
7. All reports filed with the IJM will be held in strict confidence.
8. Please send the completed form to:

International Justice Mission
ATTN: Case Referrals
P.O. Box 58147
Washington, DC 20037-8147 USA

Telephone: 703-465-5495
Facsimile: 703-465-5499
E-mail: case_referral@ijm.org

Upon receiving your Case Referral Form, IJM staff will review the information and contact you.



Case Referral Information Form

Date: _____

Please submit this form to:

International Justice Mission
Attn: Case Referrals
Post Office Box 58147
Washington, DC 20037 USA

You may also fax this form to 703-465-5499, or email this form to case_referral@ijm.org.

Submitted for consideration under the established Case Referral Protocol to the International Justice Mission

I. Personal Information of the Referring Party

Name:	Nationality:
Occupation:	
Date of Birth:	
Place of Birth:	
Present address:	
Daytime phone number:	Evening phone number:
Email Address:	
Address for exchange of confidential correspondence (if other than present address)	

Are you?

YES

NO

The victim		
The victim(s) appointed representative/legal counsel		
Friend or relative If yes, please state relationship:		
Other (please explain)		

Why the victim(s) is (are) unable to submit the communication:

II. Victim(s) Information

Name:	
Nationality:	Occupation:
Date of Birth:	
Present address or whereabouts:	
Name(s) of Parents or Guardian(s):	

III. Facts of the Harm to the Victim(s)

What happened to the victim?

When did it happen?

What is the geographic location of the harm?

Do you know the identity of the perpetrator of the harm? YES NO

Name:

Location:

Occupation:

Did you observe the injustice?

If not, how did you learn of the injustice?

If available, please provide any photos, medical reports, police reports, newspaper articles or other information about the harm to the victim.

Do such items exist but are not available? If yes what is their location?

Has this type of harm happened to others?

If yes, provide a list or provide their location.

Do you know of any local laws that the harm violated?

What steps, if any, have been taken on behalf of the victim(s)?

Besides you, are any human rights groups, relief organizations or sympathetic government officials aware of the harm to the victim?

V. Additional information

Have you and/or the client had previous interaction with International Justice Mission? If so, please explain.

Please provide a detailed description of any other facts of the harm that you believe are important.

Author's signature: _____