

Name of Woman Being Referred				
Date of Birth				
Address				
Contact Number				
Is this number safe to call/text	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Email Address				
Is this email safe to write to	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OASIS No (EWA Only)	
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Consent to EDDACS Referral	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Views on Referral				

Please Read and Tick to Confirm that this Case Meets the EDDACS Criteria	
This is a Criminal Court case	<input type="checkbox"/>
This case involves Domestic Abuse charges	<input type="checkbox"/>
This case will be proceeding at Summary level at Edinburgh Sheriff Court	<input type="checkbox"/>
<i>Please note that EDDACS cannot accept referrals for Petition cases. EDDACS can only accept referrals for cases at Summary level. If you are unsure which level the case is proceeding, contact Victim Information and Advice (VIA) by phone 0300 020 3000, or by email at enquiry@copfs.gov.uk.</i>	

Court Date (if known)	
Charges (if known)	

Brief Background and Identified Risks

What Safety Planning Has Already Been Completed

Is a Recent RIC Attached	Yes		No	
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If not, please explain why	
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Any Specific Support or Language Needs

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Please Provide Details of Any Other Services Involved with the Woman

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Any Other Relevant information

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Referrer Name			
Referrer Contact Number			
Referrer Contact Email			
Referrer Signature		Date	