

**FORENSIC  
INTERVIEW  
PROGRAM**

APPLICATION

104 Marietta Street  
Suite 440  
Atlanta, GA 30303

Office (404) 657-2222  
Fax (404) 463-7652  
Toll Free (800) 547-0060  
TTY (404) 463-7650

www.cjcc.ga.gov

**Forensic Interview Referral Document (FIRD)**

To receive payment, the results of the Forensic Interview (FI) must be for identification of the interviewee's needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services. As such, a copy of the referral information must be submitted with the Application for Payment. The provider may submit this information on their agency's form(s) or submit the FIRD with the Application for Payment. If using their agency's form(s), they must provide all of the information requested on the FIRD. If more than three referrals are made as a result of the FI, you may attach additional copies of this document or download additional FIRDs at [cjcc.ga.gov](http://cjcc.ga.gov). If you should have any questions regarding the completion of this form, please call (404) 657-2222 or 1-800-547-0060.

VICTIM INFORMATION	INCIDENT INFORMATION
Victim Name	Date of Crime

Referral(s) provided as a result of the Forensic Interview:

REFERRAL 1	
Name of Service Provider	Referral Date / /
Address of Service Provider (Street Address, City, State, and Zip Code)	Service Provider Telephone Number
Service(s) Recommended (e.g., social services, personal advocacy, case management, substance abuse treatment, mental health services, etc.):	

REFERRAL 2	
Name of Service Provider	Referral Date / /
Address of Service Provider (Street Address, City, State, and Zip Code)	Service Provider Telephone Number
Service(s) Recommended (e.g., social services, personal advocacy, case management, substance abuse treatment, mental health services, etc.):	

REFERRAL 3	
Name of Service Provider	Referral Date / /
Address of Service Provider (Street Address, City, State, and Zip Code)	Service Provider Telephone Number
Service(s) Recommended (e.g., social services, personal advocacy, case management, substance abuse treatment, mental health services, etc.):	

REFERRING AGENCY INFORMATION	
With my signature, I declare and affirm under the penalty of perjury that the referral(s) on this document were made as a result of a Forensic Interview for the victim named on this form.	
Agency responsible for making referral(s)	Contact Number for Agency making referral(s)
Name and title of staff member making referral(s)	Signature of staff member making referral