



Northern Justice Watch

Victim Support Intake & Consent Form

Legal Support, Interpretation, Advocacy and Mental Health Referral Request

Purpose of this form

This form allows Northern Justice Watch (NJW) to receive and review requests from victims and survivors of human rights violations. NJW may assist through legal information, referrals, interpretation support, advocacy assistance, documentation support, and referrals for trauma-informed mental health or rehabilitation services.

Important notice

Submitting this form does not create a lawyer-client relationship, therapist-client relationship, or formal representative relationship with NJW. NJW is not an emergency or crisis service. If you are in immediate danger in Canada, call 911. If you need urgent emotional or mental health support in Canada, call or text 9-8-8. Do not include graphic details unless NJW later requests them for a specific purpose. The information provided through this intake form will be treated as confidential and used only for purposes related to assessing and facilitating your request for support.

1. Applicant Information

Full legal name	Write full name as it appears on official documents
Preferred name	Optional
Date of birth	YYYY-MM-DD
Country of origin	
Current country / city	
Immigration status	Optional, if comfortable sharing
Preferred language	
Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Language / dialect: _____

2. Safe Contact Information

Safety first

Please provide contact details that are safe for NJW to use. If someone else may access your phone, email, or messages, tell us how to contact you safely.

Safe phone number	
Safe email address	
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> WhatsApp <input type="checkbox"/> Signal <input type="checkbox"/> Other
Safe to leave voicemail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe to send written messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
Best time to contact	

3. Type of Support Requested

- | | |
|---|--|
| <input type="checkbox"/> Legal information or referral | <input type="checkbox"/> Deportation / removal concern |
| <input type="checkbox"/> Refugee or immigration-related concern | <input type="checkbox"/> Court support |
| <input type="checkbox"/> Help finding a lawyer / legal representative | <input type="checkbox"/> Interpreter or translation support |
| <input type="checkbox"/> Human rights complaint | <input type="checkbox"/> Documentation of violations |
| <input type="checkbox"/> Advocacy or public campaign request | <input type="checkbox"/> Mental health / trauma support referral |
| <input type="checkbox"/> Rehabilitation or social support referral | <input type="checkbox"/> Other: _____ |

4. Urgency and Deadlines

Is this urgent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Deadline / hearing date	Court, tribunal, immigration, removal, detention, or other deadline
Date of possible removal / deportation	If applicable
Current detention issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____
Immediate safety risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Medical or mental health urgency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

5. Brief Description of the Situation

Please keep this brief

Explain what happened, what support you need, and any important deadline. You do not need to share graphic, highly personal, or traumatic details at this intake stage.

Brief summary:

_____ _____ _____ _____ _____ _____
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What outcome or support are you asking NJW for?

_____ _____ _____

6. Legal / Court / Immigration Information

Type of matter	<input type="checkbox"/> Immigration <input type="checkbox"/> Refugee <input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Civil <input type="checkbox"/> Human rights <input type="checkbox"/> Other
Court / tribunal / agency	
Case or file number	If available
Do you have a lawyer or representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____
Permission to contact lawyer/rep?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Next important date	
Previous decision or order?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____

7. Interpretation / Translation Needs

Language / dialect needed	
Type of support needed	<input type="checkbox"/> Phone interpretation <input type="checkbox"/> Meeting interpretation <input type="checkbox"/> Court / legal interpretation <input type="checkbox"/> Document translation
Gender preference for interpreter	<input type="checkbox"/> No preference <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / explain
Any safety/conflict concern with interpreters?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____

8. Mental Health / Rehabilitation Support

Mental health support notice

NJW may help connect applicants with trauma-informed professionals, community support, rehabilitation resources, or crisis/support services. NJW does not provide emergency psychiatric care or replace licensed clinical services.

- I would like a referral for trauma-informed counselling or therapy
- I would like help finding community mental health support
- I would like rehabilitation or social support information
- I would prefer support in my language
- I am not requesting mental health support at this time
- Other: _____

Preferred language for support	
Any accessibility needs?	
Is it safe to discuss this by phone/email?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____

9. Documents

Document safety

Do not upload or send highly sensitive documents unless necessary at this stage. NJW may request specific documents after reviewing your intake.

- | | |
|--|---|
| <input type="checkbox"/> Court or tribunal papers | <input type="checkbox"/> Immigration or refugee papers |
| <input type="checkbox"/> Removal / deportation documents | <input type="checkbox"/> Police report |
| <input type="checkbox"/> Medical or psychological report | <input type="checkbox"/> Identity document |
| <input type="checkbox"/> Witness statement | <input type="checkbox"/> Photos / videos / digital evidence |
| <input type="checkbox"/> Advocacy or campaign material | <input type="checkbox"/> Other: _____ |

Documents available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Documents attached/submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No List: _____

10. Consent and Declaration

Consent

Please read carefully and check each box that you agree to. NJW may need additional written consent before sharing information with lawyers, licensed representatives, interpreters, mental health professionals, partner organizations, or service providers.

- I consent to Northern Justice Watch collecting the information I provide in this form for the purpose of reviewing my request for support.
- I consent to NJW contacting me using the contact information I provided, subject to the safety instructions I included above.
- I understand that NJW will use my information only to review my request, contact me, document the request internally, and, with my consent, connect me with appropriate support or referrals.
- I understand that NJW may ask for separate permission before sharing my information with lawyers, licensed legal professionals, interpreters, mental health professionals, partner organizations, or service providers.
- I understand that submitting this form does not create a lawyer-client relationship, therapist-client relationship, or formal representative relationship with NJW.
- I understand that NJW is not an emergency or crisis service and that urgent danger or crisis situations require emergency or crisis resources.
- I confirm that the information I provide is true and accurate to the best of my knowledge.

Applicant / Authorized Person Name _____	Signature _____
Date _____	Relationship to Applicant, if applicable _____
NJW Staff Receiving Form _____	Date Received _____

11. For NJW Internal Use Only

Case number	
Date received	
Received by	
Urgency level	<input type="checkbox"/> Urgent <input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Referral only
Conflict / safety check completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
Primary support category	<input type="checkbox"/> Legal/referral <input type="checkbox"/> Interpretation <input type="checkbox"/> Advocacy <input type="checkbox"/> Mental health/referral <input type="checkbox"/> Documentation
Assigned staff / volunteer	
Initial action taken	
Referral made?	<input type="checkbox"/> Yes <input type="checkbox"/> No To whom: _____
Follow-up date	
Closure date / outcome	

Internal notes:

