



Peer Reviewer Information Form

Personal Information					
Name	Last		First	M.I.	
	Prefix		Suffix		
	Indicate all other names used (i.e. Nickname, Maiden Name)				
	Tribal Affiliation				
If applicable, please list your Tribal Affiliation					
Address	Street Address		Apartment/Unit #		
	City		State	ZIP Code	
	Home Phone		Alternate Phone		
	E-mail Address		Alternate e-mail		
	Professional Background				
	Work Information	Title		Agency/Organ.	
Work Phone		E-mail Address			
Street Address					
City		State	ZIP Code		
Professional Background	<input type="checkbox"/> Dating Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Family Law <input type="checkbox"/> Immigration <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Stalking <input type="checkbox"/> Indian Affairs		Additional comments:		
	Primary Expertise (check all that apply)				
Profession (check all that apply)	<input type="checkbox"/> Administrator		<input type="checkbox"/> Immigration Attorney/Advocate		
	<input type="checkbox"/> Advocate		<input type="checkbox"/> Judge		
	<input type="checkbox"/> Batterer Intervention Provider		<input type="checkbox"/> Law Enforcement - Community		
	<input type="checkbox"/> Campus Administrator/Dean/Director		<input type="checkbox"/> Law Enforcement -Campus		
	<input type="checkbox"/> University/ College Professor		<input type="checkbox"/> Legal Services		
	<input type="checkbox"/> Case Manager		<input type="checkbox"/> Mental Health Service Provider		
	<input type="checkbox"/> Civil Attorney		<input type="checkbox"/> Practitioner		
	<input type="checkbox"/> Community Coordinator		<input type="checkbox"/> Probation Officer/ Community Supervision Provider		
	<input type="checkbox"/> Court Administrator/ Personnel		<input type="checkbox"/> Prosecutor		
	<input type="checkbox"/> Custody Evaluator		<input type="checkbox"/> Researcher/Evaluator/Trainer		
	<input type="checkbox"/> Defense Attorney		<input type="checkbox"/> SANE Nurse		
	<input type="checkbox"/> Domestic Violence Shelter Staff		<input type="checkbox"/> Victim Services Provider		
	<input type="checkbox"/> Family Law Attorney		<input type="checkbox"/> Other (please describe):		
<input type="checkbox"/> Guardian ad Litem					

Education	<i>Please check the highest level of education obtained:</i>	
	<input type="checkbox"/> Doctorate	
	<input type="checkbox"/> JD	
	<input type="checkbox"/> Masters	
	<input type="checkbox"/> Bachelors	
	<input type="checkbox"/> Associates/Certification/HS Diploma	
Prior OVW Experience as a Peer Reviewer or Grant Recipient	<input type="checkbox"/> Arrest (Improving Crim. Justice Resp.)	
	<input type="checkbox"/> Campus	
	<input type="checkbox"/> Consolidated Youth	
	<input type="checkbox"/> Culturally Specific Services	
	<input type="checkbox"/> Disabilities	
	<input type="checkbox"/> Elder Abuse	
	<input type="checkbox"/> Justice for Families	
	<input type="checkbox"/> Legal Assistance for Victims	
	<input type="checkbox"/> Rural	
	<input type="checkbox"/> Sexual Assault Services	
	<input type="checkbox"/> Technical Assistance	
	<input type="checkbox"/> Transitional Housing	
	<input type="checkbox"/> Tribal Coalitions	
	<input type="checkbox"/> Tribal Governments	
<input type="checkbox"/> Tribal Jurisdiction		
<input type="checkbox"/> Underserved		
Employee Organization Type (check all that apply)	<input type="checkbox"/> Aging Network	<input type="checkbox"/> Private Sector
	<input type="checkbox"/> Batterers Intervention Program	<input type="checkbox"/> Social Service Provider
	<input type="checkbox"/> Community-Based Program	<input type="checkbox"/> State Government
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Substance Abuse Treatment Provider
	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Tribal Government
	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Victim Service Provider
	<input type="checkbox"/> Independent Consultant	<input type="checkbox"/> Volunteer
	<input type="checkbox"/> Local Government	<input type="checkbox"/> Other: <i>(please describe)</i>
	<input type="checkbox"/> Nonprofit Organization	
Employee Organization Service Area(s) (check all that apply)	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Medical Facility
	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Rural
	<input type="checkbox"/> Indian Country	<input type="checkbox"/> State
	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Urban
	<input type="checkbox"/> National	<input type="checkbox"/> Other <i>(please describe)</i> :
	<input type="checkbox"/> Local Unit of Government	