

TO BECOME A MEMBER OF THE NETWORK, PLEASE COMPLETE THE FORM BELOW

PLEASE RETURN THIS FORM TO:

Family Violence Prevention Fund, Attention: Mónica Arenas,
383 Rhode Island St., Suite 304,
San Francisco, CA 94103, Tel: (415) 252-8900 Fax: (415) 252-8991.

National Network to End Violence Against Immigrant Women --- Co-chaired by:

**Legal Momentum,
Immigrant Women Program**
1522 K Street, N.W. Suite 550
Washington, DC 20005
(202) 326-0040
iwp@legalmomentum.org

www.immigrantwomennetwork.org

Family Violence Prevention Fund
383 Rhode Island St., Suite 304
San Francisco, CA 94103
(415) 252-8900
leni@endabuse.org

ASISTA
Immigration Technical Assistance Project
515 28th Street
Des Moines, IA 50312
(515) 244-2469
questions@asistaonline.org

MEMBERSHIP

Membership in the National Network to End Violence Against Immigrant Women enriches practice, case management, advocacy efforts and culturally competent government practices. Members learn from the expertise and experience of others, share knowledge and strategies, and participate in collaborative efforts to improve legal options and access to justice and services for immigrant survivors of violence.

Membership Benefits

Members of the Network may receive and access:

- Network updates and action alerts on the latest changes in laws, policies, and administrative issues affecting non-citizen survivors
- List Serves providing practice pointers on immigration, family law, benefits and access to legal, shelter, housing, and social services.
- Individual technical assistance that supports those providing services and assistance to immigrant survivors.
- Notification of regional and national trainings and conferences
- Training materials for advocates and attorneys
- Multilingual outreach materials for victims and survivors
- Educational materials for judges, prosecutors, law enforcement, and other justice system personnel
- Referrals to domestic violence attorneys, domestic violence and sexual assault service professionals, immigration practitioners, family law and benefits specialists in all US jurisdictions with experience working with immigrant survivors
- Intervention by Network liaisons with government decision makers to resolve problems

Membership Responsibilities

Network members must be willing to affirm the right of each person to live without fear or the threat of violence, including immigrant women and children. Members respond to requests for information and action alerts, inform the Network about problems immigrant survivors encounter in your communities (including but not limited to problems encountered in family courts, with benefits providers, in the justice system and accessing immigration relief).

Membership Fees

There are no membership fees, only the commitment to participate in the efforts of the Network of ending violence against immigrant women.

National Network to End Violence Against Immigrant Women

MEMBERSHIP FORM

Name:		Title:		Organization:	
Address:		City:		State:	
Phone:		Fax:		Web site:	

Organizational Profile	Assistance Provided to Immigrants	Other Services, Funding & Fees	Language Availability	Population Served/List Servs
<input type="checkbox"/> Legal <input type="checkbox"/> Legal Services Corporation/ Legal Aid <input type="checkbox"/> Non-Profit Immigration Legal Program <input type="checkbox"/> Law Firm/Pro Bono Attorney <input type="checkbox"/> Criminal Defense Attorney/ Public Defender <input type="checkbox"/> Immigration Attorney (private) <input type="checkbox"/> Family Attorney (private) <input type="checkbox"/> Non-Profit/Pro Bono Family- Domestic Violence Attorney <input type="checkbox"/> Domestic Violence/ Sexual Assault Legal Advocate <input type="checkbox"/> Government <input type="checkbox"/> Federal/State Legislator's Office <input type="checkbox"/> Prosecutor <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Judge <input type="checkbox"/> Courts (Victim's Advocates, Probation Officers) <input type="checkbox"/> Immigration <input type="checkbox"/> Military <input type="checkbox"/> Federal/State Government Agency <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Trafficking Victim's Organization <input type="checkbox"/> Housing/Shelter Provider <input type="checkbox"/> Health Care Provider/Agency <input type="checkbox"/> Training/Technical Assistance Organization <input type="checkbox"/> Immigrant Rights Advocacy Program <input type="checkbox"/> Welfare Rights/Poverty Organization <input type="checkbox"/> Women's Rights Organization <input type="checkbox"/> International/Human Rights Organization <input type="checkbox"/> Research/Policy Institute/Library <input type="checkbox"/> University/Law School <input type="checkbox"/> Foundation/Funder <input type="checkbox"/> Media <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	<input type="checkbox"/> General Legal Assistance <input type="checkbox"/> Criminal Law <input type="checkbox"/> Criminal Defense <input type="checkbox"/> Prosecution <input type="checkbox"/> Legal Assistance-Family Law <input type="checkbox"/> Protection Orders <input type="checkbox"/> Custody/Guardianship/Adoption <input type="checkbox"/> Child support/ Spousal Support <input type="checkbox"/> Divorce/ Legal Separation <input type="checkbox"/> Child Abuse/ Neglect <input type="checkbox"/> Other _____ <input type="checkbox"/> Legal Assistance-Immigration Law <input type="checkbox"/> Self-Petitions <input type="checkbox"/> Adjustment of Status <input type="checkbox"/> Cases in Proceedings <input type="checkbox"/> Does not represent Clients <input type="checkbox"/> Battered Spouse Waivers <input type="checkbox"/> U-Visas <input type="checkbox"/> T-Visas <input type="checkbox"/> Gender Asylum <input type="checkbox"/> Other _____ <input type="checkbox"/> Other Legal Assistance <input type="checkbox"/> Housing <input type="checkbox"/> Public Benefits <input type="checkbox"/> Health Care <input type="checkbox"/> Education Benefits <input type="checkbox"/> Employment <input type="checkbox"/> Victim Advocacy in Criminal Cases <input type="checkbox"/> Other _____ <input type="checkbox"/> Domestic Violence Victim Services <input type="checkbox"/> Counseling & Education Services <input type="checkbox"/> Shelter - Housing <input type="checkbox"/> Public Benefits <input type="checkbox"/> Protection Orders <input type="checkbox"/> Child Advocacy <input type="checkbox"/> Sexual Assault Victim Services <input type="checkbox"/> Health Care Services <input type="checkbox"/> Mental Health Care/Counseling <input type="checkbox"/> Trafficking Victim Services <input type="checkbox"/> Employment Assistance <input type="checkbox"/> GLBT Services <input type="checkbox"/> Refugee Resettlement <input type="checkbox"/> Batterer's Intervention <input type="checkbox"/> Other: _____	<input type="checkbox"/> Offers Technical Assistance ON: (check all that apply): <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Trafficking <input type="checkbox"/> Immigration <input type="checkbox"/> Benefits <input type="checkbox"/> Housing <input type="checkbox"/> Family <input type="checkbox"/> Health Care <input type="checkbox"/> Employment <input type="checkbox"/> Other _____ TO (check all that apply): <input type="checkbox"/> Immigrant Community Members <input type="checkbox"/> Survivors <input type="checkbox"/> Advocates <input type="checkbox"/> Attorneys <input type="checkbox"/> Other Service Providers <input type="checkbox"/> Judges/Courts <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Prosecutors <input type="checkbox"/> Defense Attorneys <input type="checkbox"/> Benefits Providers <input type="checkbox"/> Other Government Personnel <input type="checkbox"/> Health Care Providers <input type="checkbox"/> Mental Health Care Providers <input type="checkbox"/> Child Welfare Workers <input type="checkbox"/> Receives Federal/State Money <input type="checkbox"/> Receives Federal/State Money <input type="checkbox"/> VAWA <input type="checkbox"/> Coalition <input type="checkbox"/> LAV Funding <input type="checkbox"/> State <input type="checkbox"/> Campus <input type="checkbox"/> VOCA <input type="checkbox"/> Rural <input type="checkbox"/> STOP <input type="checkbox"/> Arrest <input type="checkbox"/> FVPSA <input type="checkbox"/> Other: _____ Charges for Legal Services <input type="checkbox"/> Pro-Bono <input type="checkbox"/> Sliding Scale <input type="checkbox"/> Fee	Languages in which services are available through staff, volunteers, or interpreter services <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Bengali <input type="checkbox"/> Bosnian/Croatian <input type="checkbox"/> Burmese <input type="checkbox"/> Cantonese <input type="checkbox"/> Dari/Farsi <input type="checkbox"/> French <input type="checkbox"/> Gujarati <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Khmer (Cambodian) <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Mixteco <input type="checkbox"/> Nepali <input type="checkbox"/> Portuguese <input type="checkbox"/> Portuguese Creole <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Taiwanese <input type="checkbox"/> Tamil <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	Population Served: <input type="checkbox"/> Caribbean <input type="checkbox"/> East African <input type="checkbox"/> East Asian <input type="checkbox"/> Eastern European <input type="checkbox"/> Latin American <input type="checkbox"/> Mexican/Central American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African <input type="checkbox"/> North American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> SE Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Southern African <input type="checkbox"/> West African <input type="checkbox"/> Western European <input type="checkbox"/> ALL <input type="checkbox"/> Other: _____ I would like to sign up for the following Network List Servs: <input type="checkbox"/> VAWA Immigration Updates <input type="checkbox"/> Domestic Violence Asylum <input type="checkbox"/> Family Law and Immigrant Victims <input type="checkbox"/> Public Benefits and Immigrant Victims Referrals <input type="checkbox"/> I am available for referrals <input type="checkbox"/> I am not available for referrals