

BRIDGEWAY

Behavioral Health



A division of Preferred Family Healthcare

Domestic Violence & Sexual Assault Services

I _____ give permission for the Lincoln County Clerk
(Your Name)

to release my personal information, including my Ex-Parte/Full Order of Protection to Bridgeway Behavioral Health's Robertson Center (domestic violence program for adults and children) in order for a domestic violence advocate to contact me to offer support.

Safest way to contact me:

Phone: (_____) _____ OR Email: _____

Is it safe to leave a message? **YES** **NO**

Best time to call? **MORNING** **AFTERNOON** **EVENING** **TIME** _____

Signature: _____ Date: _____

Return to Bridgeway Advocate, Court Clerk or fax to: 636-946-6897

This form is a voluntary and is not a court document.

Fax form to: 636-946-6897