



Peer Reviewer Information Form

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

Education	<i>Please check the highest level of education obtained:</i>	
	Doctorate	
	JD	
	Masters	
	Bachelors	
	Associates/Certification/ HS Diploma	
Prior OVW Experience as a Peer Reviewer or Grant Recipient	OVW Program <i>Check all that apply</i>	<i>List the specific year(s) of experience (ex. 19xx, 20xx) Specify the type of experience (i.e., TA Provider, Grantee)</i>
	Arrest (Improving Crim. Justice Resp.)	
	Campus	
	Consolidated Youth	
	Culturally Specific Services	
	Disabilities	
	Elder Abuse	
	Justice for Families	
	Legal Assistance for Victims	
	Rural	
	Sexual Assault Services	
	Technical Assistance	
	Transitional Housing	
	Tribal Coalitions	
	Tribal Governments	
Tribal Jurisdiction		
Underserved		
Employee Organization Type <i>check all that apply</i>	Aging Network	Private Sector
	Batterers Intervention Program	Social Service Provider
	Community-Based Program	State Government
	Contractor	Substance Abuse Treatment Provider
	Educational Institution	Tribal Government
	Federal Government	Victim Service Provider
	Independent Consultant	Volunteer
	Local Government	Other (<i>please describe</i>):
	Nonprofit Organization	
Employee Organization Service Area(s) <i>check all that apply</i>	Educational Institution	Medical Facility
	Faith-Based	Rural
	Indian Country	State
	Law Enforcement	Urban
	National	Other (<i>please describe</i>):
	Local Unit of Government	