U.S. Department of Justice
OVW
Office on Violence Against Women
Working Together to End the Violence

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/Organization

Work Phone | E-mail Address

Street Address

City | State | ZIP Code

Professional Background Primary Expertise (check all that apply)

- ☐ Dating Violence
- ☐ Domestic Violence
- ☐ Family Law
- ☐ Immigration
- ☐ Sexual Assault
- ☐ Stalking
- ☐ Indian Affairs

Additional comments:

Profession (check all that apply)

- ☐ Administrator
- ☐ Advocate
- ☐ Batterer Intervention Provider
- ☐ Campus Administrator/Dean/Director
- ☐ University/ College Professor
- ☐ Case Manager
- ☐ Civil Attorney
- ☐ Community Coordinator
- ☐ Court Administrator/ Personnel
- ☐ Custody Evaluator
- ☐ Defense Attorney
- ☐ Domestic Violence Shelter Staff
- ☐ Family Law Attorney
- ☐ Guardian ad Litem
- ☐ Immigration Attorney/Advocate
- ☐ Judge
- ☐ Law Enforcement - Community
- ☐ Law Enforcement -Campus
- ☐ Legal Services
- ☐ Mental Health Service Provider
- ☐ Practitioner
- ☐ Probation Officer/ Community Supervision Provider
- ☐ Prosecutor
- ☐ Researcher/Evaluator/Trainer
- ☐ SANE Nurse
- ☐ Victim Services Provider
- ☐ Other (please describe):

Education	*Please check the highest level of education obtained:* ☐ Doctorate ☐ JD ☐ Masters ☐ Bachelors ☐ Associates/Certification/HS Diploma
Prior OVW Experience as a Peer Reviewer or Grant Recipient	☐ Improving Criminal Justice Response ☐ Campus ☐ Consolidated Youth ☐ Culturally Specific Services ☐ Disabilities ☐ Abuse in Later Life ☐ 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 (check all that apply)	☐ Aging Network ☐ Batterers Intervention Program ☐ Community-Based Program ☐ Contractor ☐ Educational Institution ☐ Federal Government ☐ Independent Consultant ☐ Local Government ☐ Nonprofit Organization ☐ Private Sector ☐ Social Service Provider ☐ State Government ☐ Substance Abuse Treatment Provider ☐ Tribal Government ☐ Victim Service Provider ☐ Volunteer ☐ Other: *(please describe)*
Employee Organization Service Area(s) (check all that apply)	☐ Educational Institution ☐ Faith-Based ☐ Indian Country ☐ Law Enforcement ☐ National ☐ Local Unit of Government ☐ Medical Facility ☐ Rural ☐ State ☐ Urban ☐ Other *(please describe):*