



**Peer Reviewer Information**

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>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone:		Alternate Phone:	
E-mail Address:			
Professional Background			
Title:		Company/Agency:	
Work Phone:		E-mail Address:	
Work Address:	<i>Street Address</i>		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Professional Background:	<i>Primary Expertise – please check all that apply</i>		<i>Additional comments:</i>
	<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			
Profession:	<i>-Please check all that apply:</i>		
	<input type="checkbox"/> Administrator		<input type="checkbox"/> Guardian ad Litem
	<input type="checkbox"/> Advocate		<input type="checkbox"/> Immigration Attorney/Advocate
	<input type="checkbox"/> Batterer Intervention Treatment Provider		<input type="checkbox"/> Judge
	<input type="checkbox"/> Campus Administrator/Dean/Director		<input type="checkbox"/> Law Enforcement - Community
	<input type="checkbox"/> University/ College Professor		<input type="checkbox"/> Law Enforcement - Campus
	<input type="checkbox"/> Case Manager		<input type="checkbox"/> Legal Services
	<input type="checkbox"/> Civil Attorney		<input type="checkbox"/> Mental Health Service Provider
	<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:
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:	<i>– Please check all that apply:</i>	
	<input type="checkbox"/> Tribal Governments (formerly STOP Indian)	
	<input type="checkbox"/> STOP TA	
	<input type="checkbox"/> Arrest	
	<input type="checkbox"/> Rural	
	<input type="checkbox"/> Legal	
	<input type="checkbox"/> Campus	
	<input type="checkbox"/> Tribal Coalitions	
	<input type="checkbox"/> Elder	
	<input type="checkbox"/> Disability	
<input type="checkbox"/> Supervised Visitation		
<input type="checkbox"/> Transitional Housing		
Employee Institution Type:	<i>Please check all that best describes your place of employment:</i>	
	<input type="checkbox"/> Batters Intervention Program	<input type="checkbox"/> Private Sector
	<input type="checkbox"/> Community-Based Program	<input type="checkbox"/> Social Service Provider
	<input type="checkbox"/> Contractor	<input type="checkbox"/> State Government
	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Substance Abuse Treatment Provider
	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Tribal Government
	<input type="checkbox"/> Independent Consultant	<input type="checkbox"/> Victim Service Provider
	<input type="checkbox"/> Local Government	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Other (please describe):	
Employee Institution Service Area:	<i>Please check all area types that are served by your organization:</i>	
	<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 (please describe):
<input type="checkbox"/> Local Unit of Government		