Receipt of Information

I acknowledge receiving my basic rights as a crime victim and information on related services available to me.

______________________________
NAME

______________________________
SIGNATURE

______________________________
DATE

______________________________
INCIDENT NUMBER

______________________________
SAFE CONTACT NUMBER

REQUEST NOT TO PROSECUTE

I, __________________________________________, request that no prosecution proceed in the matter concerning __________________________________________, who is alleged to have committed acts against myself or my property. I make this request of my own free will and do indemnify the Shippensburg University Police Department in this matter.

Signature of Officer/Investigator __________________________ Signature of requestor __________________________

Print name of Officer/Investigator __________________________ Print name of requestor __________________________

SHIPPENBURG UNIVERSITY POLICE DEPARTMENT
Victim Assistance Packet

Date: ____________________
Incident Number: __________
Nature of Incident: ______________
Officer: ____________________

153 Allegheny Drive, Shippensburg PA 17257
(717) 477-1444
If you are the unfortunate victim of a lost or stolen wallet or purse, please do the following in order to minimize financial damage.

- Cancel all credit cards immediately! Call your bank and credit card issuers to report your debit/credit cards as lost or stolen.
- File a report with the police in the local jurisdiction in which the theft took place. This will prove to your credit providers that you were diligent. It is also the first step towards an investigation.
- Call the three national credit-reporting organizations immediately and place a "fraud alert" on your credit cards and your social security number.
- The Credit Card reporting Agencies are as follows:
  - Equifax (800) 525-6285
  - Trans Union (800) 680-7289
  - Experian (800) 301-7192

### DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS

<table>
<thead>
<tr>
<th>Officer:</th>
<th>Date:</th>
<th>Incident #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim:</td>
<td>Offender:</td>
<td></td>
</tr>
</tbody>
</table>

☐ Check here if victim did not answer any of the questions.

- A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.
- Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.

1. Has he/she ever used a weapon against you or threatened you with a weapon? □ Yes □ No □ Not Ans.
2. Has he/she threatened to kill you or your children? □ Yes □ No □ Not Ans.
3. Do you think he/she might try to kill you? □ Yes □ No □ Not Ans.

- Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.

4. Does he/she have a gun or can he/she get one easily? □ Yes □ No □ Not Ans.
5. Has he/she ever tried to choke you? □ Yes □ No □ Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities? □ Yes □ No □ Not Ans.
7. Have you left him/her or separated after living together or being married? □ Yes □ No □ Not Ans.
8. Is he/she unemployed? □ Yes □ No □ Not Ans.
9. Has he/she ever tried to kill himself/herself? □ Yes □ No □ Not Ans.
10. Do you have a child that he/she knows is not his/hers? □ Yes □ No □ Not Ans.
11. Does he/she follow or spy on you or leave threatening messages? □ Yes □ No □ Not Ans.

- An officer may trigger the protocol referral, if not already triggered above, as a result of the victim’s response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety? (If "yes")
What worries you?

Check one: □ Victim screened in according to the protocol
□ Victim screened in based on the belief of officer
□ Victim did not screen in

If victim screened in: After advising her/him of a high danger assessment, did the victim speak with the hotline counselor? □ Yes □ No

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen “positive” or “high danger” would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

FAX FORM TO 717-258-1677 OR EMAIL TO DSSUP@PA.NET
You can register to receive free, automatic, confidential notifications regarding your offender while he/she is under the supervision of county jails, state prisons, or state parole. To learn more and to register, call 1-866-972-7284.

www.pacerimevictims.com

Victim Advocate and Available Services

The following information provides general information on your rights as a crime victim and services available to assist you through the aftermath of the crime. A victim advocate is available to help you know and understand your rights, connect you to available services such as counseling, and assist you in applying for financial assistance with medical bills and other expenses. Because your case may involve interaction with many state and local agencies, an advocate will provide you with support and guidance as well as help you understand the legal system and what happens next in the process.

Victims Compensation Assistance Program

You may be eligible to receive financial help with expenses directly related to the crime (e.g., medical and counseling expenses, loss of earnings, loss of support, stolen cash, relocation, funeral or crime scene clean-up). A compensation form is attached.

Offender Release Notification

You can register to receive free, automatic, confidential notifications regarding your offender while he/she is under the supervision of county jails, state prisons, or state parole. To learn more and to register, call 1-866-972-7284.

Court Notifications

If the crime in which you were a victim is being prosecuted by the district attorney’s office and you would like to be notified as the case moves through the system, please inform your advocate.

Address Confidentiality Program

You may be eligible for enrollment in the Address Confidentiality Program (ACP) if you are a victim of domestic violence, sexual assault, or stalking. For more information about ACP, contact your local victim service program or call the ACP at 1-800-563-6399.

Your Rights as a Crime Victim

You have the right to receive information about basic services, including your eligibility to receive financial assistance.

You have the right to provide input into the sentencing and post-sentencing decisions as well as on the offender’s release, parole, community treatment, work release, etc.

If the abuser named in the Protection From Abuse (PFA) order is jailed for either a violation of the order or for a personal injury crime against a victim protected by the order, then you have the right to receive immediate notice of his or her release on bail.

You have the right to know the details of the final outcome of your case.

You have the right to be accompanied to all criminal court proceedings by a family member, a victim advocate, or a support person.

You have the right to be informed about the offender’s status, including bail, escape, release, and arrest.

You have the right to receive help in preparing an oral and/or written victim impact statement.

For more information on your rights please visit www.pacrimievictims.com or call any of the local victim service providers provided with this information.

Rights of Domestic Violence Victims

If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61) which could include the following:

• An order restraining the abuser from further acts of abuse.

• An order directing the abuser to leave your house.

• An order preventing the abuser from entering your residence, school, business, or place of employment.

• An order awarding you or the other parent temporary custody of or temporary visitation with your child or children.

• An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
### Your Local Service Agencies and How They Can Help You

#### Victim/Witness Assistance
For victims of crimes committed by an adult offender (age 18 and over), this office can provide you with information on your rights and how they can help you.

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland County Office of District Attorney Victim Services Division</td>
<td>717-240-6220</td>
</tr>
</tbody>
</table>

#### Juvenile Court Victim/Witness Assistance
This agency can provide you information on victims’ rights and services when the offender is under age 18 in the juvenile justice system and community.

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</table>

#### Domestic Violence
In addition to counseling, legal and medical advocacy, emergency shelter, and safety planning, this organization can help you file a Protection from Abuse (PFA) order. A PFA is a court order issued by a judge that can help provide protection to you and your children from an abusive person. Because filing a PFA can be different in each county, it is important for you to contact your local organization cited here. A hotline service is also available 24/7.

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Services of Cumberland &amp; Perry Counties</td>
<td>1-800-852-2102 717-258-4249</td>
</tr>
</tbody>
</table>

#### Sexual Assault
Services are available to all victims of sexual violence, including female and male victims who are adults, teens, or children. Crisis and support counseling is available for sexual assault victims, family members, and others close to the victim. Counseling is available both in person and on the telephone. An advocate will provide accompaniment to the hospital, police, and court proceedings and assist in navigating the medical and criminal justice systems. Hotline and accompaniment services are available 24-hours a day.

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Telephone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assault/Rape Crisis Services of Cumberland</td>
<td>1-888-727-2877 717-258-4324</td>
</tr>
</tbody>
</table>

#### MADD-DUI
This agency can provide you counseling, support, information, and referral services for victims of DUI crashes and their families.

<table>
<thead>
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<tbody>
<tr>
<td>Cumberland County Office of District Attorney Victim Services Division</td>
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</table>

#### Child Abuse
This agency can provide you counseling, information, and referral services for abused and neglected children and their families.

<table>
<thead>
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<tbody>
<tr>
<td>Cumberland County Office of District Attorney Victim Services Division</td>
<td>717-240-6220</td>
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</tbody>
</table>

#### Elder Abuse
This agency can provide you counseling, shelter, and protective services for older victims and their families.

<table>
<thead>
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</thead>
<tbody>
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[www.pacrivevictims.com](http://www.pacrivevictims.com)
You may either complete and mail this form to the address listed above or file online at https://www.dave.state.pa.us/daveprod.

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days OR a Protection From Abuse order was filed within 3 days of the crime.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim.
- The claim is filed within 2 years after the discovery of the crime (there are exceptions when the victim is a child).
- You have paid or owe at least $100 of any combination of the expenses listed below. If you are age 60 or over, there is no minimum loss requirement.

You may be awarded compensation for:

- Medical Expenses
- Counseling Expenses
- Loss of Earnings
- Loss of Support
- Relocation Expenses
- Funeral Expenses
- Crime-Scene Cleanup
- Transportation Expenses
- Childcare
- Home Healthcare Expenses
- Stolen Cash (If your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability or Court-Ordered Child/Spousal Support.)

An overall maximum award shall not exceed $35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339  HELP FOR VICTIMS OF CR  VANIA  .pacrimevictims.com
Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

• Please print clearly.

• Complete only those sections that apply to your claim.

• Provide an accurate address and a safe phone number where you can be reached during the day.

• Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.

• Sign the Acknowledgement and Reimbursement Agreement and the Authorization to Obtain Information sections on the back of the claim form.

• If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your address or phone number. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Date claim mailed_________________________________ (keep this page for your information.)

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pacrivevictims.com

Shippensburg University Campus Resources

PAGE Center
Ceddia Union Building (CUB) 232
(717) 477-1277
www.ship.edu/life/resources/page

Ship Says No More
www.Ship.edu/no_more/

Shippensburg University Police Department
Reed Operations Center
(717) 477-1444
911 (for emergencies)
www.ship.edu/police/

Dean of Students Office
Old Main 210
(717) 477-1164
www.ship.edu/dean_of_students/

Counseling Center
Wellness Center Naugle Hall
(717) 477-1481
www.ship.edu/counseling_center

Office of Equity, Inclusion, & Compliance/ Title IX Coordinator
Old Main 200
(717) 477-1161
www.ship.edu/EIC/

Office of Multicultural Student Affairs Gilbert Hall 200
(717) 477-1616
www.ship.edu/msa/msa_team/
Victims Compensation Assistance Program Short Form

Victim Information
- Name
- Date of Birth
- Social Security Number
- Address
- City
- State
- Zip Code
- County
- Safe Daytime Phone
- Other Safe Phone

Claimant Information
- If victim is the claimant, write “SAME.” If someone other than victim is filing, complete the entire section.
- Name
- Date of Birth
- Social Security Number
- Address
- City
- State
- Zip Code
- County
- Safe Daytime Phone
- Other Safe Phone
- Male
- Female
- Relationship to Victim

Crime Information
- Date of Crime
- Date Reported to Police or Date PFA filed
- Was this a crime of domestic violence?
- Did the crime involve a motor vehicle?
- Did the crime occur at work?
- Yes
- No
- Location of crime (street name and number)
- City
- State
- County
- Police Department
- Police Incident #
- Person(s) who committed the crime
- Briefly describe crime and injuries:

Benefit: Medical/Counseling Expenses
- Did you incur medical expenses?
- Yes
- No
- Did you incur counseling expenses?
- Yes
- No
- Provide itemized medical or counseling bills.
- Do you have insurance to cover your medical/counseling expenses?
- Yes
- No
- If yes, provide insurance benefit statements showing payment or rejection of payment for these bills.

Benefit: Funeral Expenses/Loss of Support
- Did you incur funeral expenses?
- Yes
- No
- Did you receive any monies due to the death?
- Yes
- No
- (Veteran’s benefits, life insurance, Social Security)
- Yes
- No
- Were you or others financially dependent on the deceased victim?
- Yes
- No
- Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
- Did you miss work and lose pay?
- Yes
- No
- Dates you missed work
- Employer’s name, address, and phone number:
- 
- 
- Doctor’s name, address, and phone number who can verify you missed work because of the crime:

Benefit: Stolen Cash
- Did you have money stolen from you?
- Yes
- No
- Amount of money stolen
- One of the following benefits must be your main source of income to file for stolen cash. Check all that apply:
- Social Security Benefit
- Retirement/Pension(s)
- Disability
- Court-Ordered Child/Spousal Support
- If yes, provide a copy of your monthly benefit statement for the month and year of the crime.
- Do you have homeowner/renter’s insurance?
- Yes
- No
- If yes, provide a copy of your insurance declaration page.
- Are you required to file IRS tax returns?
- Yes
- No
- If yes, provide a copy of your most recent tax returns.
Victims Compensation Assistance Program Short Form

Acknowledgement and Reimbursement Agreement
The Acknowledgement and Reimbursement Agreement must be signed before the claim verification process will begin.

My signature below signifies I understand each of the following statements or points of law:

The decision to approve my claim is that of the Program’s. I may object to all or part of the Program’s decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may file for reimbursement of additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program or maintain a valid address with the Program. If I were to make a false claim, it would be a criminal offense punishable as a misdemeanor under Section 11.1303 of the Crime Victims Act. If I were to make a false statement in this claim form with the intent to mislead the Program, it would be a criminal offense punishable as a misdemeanor under 18 Pa. C.S. 4904.

I understand that the Crime Victims Compensation Fund is the payer of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender, any other person or source, which compensates me for the injury I suffered, including any award for pain and suffering. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund to the Program all sums of money paid by the Program.

[X] ____________________________
Claimant’s Signature

Date

Authorization to Obtain Information
This Authorization to Obtain Information must be signed before the claim verification process will begin.

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 USC § 1320d et seq.) any hospital, physician, health care provider or other person who attended or examined (print name of victim); any funeral director or other person who rendered related services; any employer of the victim or claimant; any police or governmental agency, including state or federal taxing authorities; any insurance company; or any organization having relevant knowledge, to furnish to the Office of Victims’ Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original.

[X] ____________________________
Claimant’s Signature

Date

Representation by Others
Are you represented in this matter by an attorney:

In filing this compensation claim?  [ ] yes  [ ] no
In a civil lawsuit?  [ ] yes  [ ] no
In an insurance action?  [ ] yes  [ ] no

Referral

Who referred you to the compensation program?

[ ] Hospital  [ ] Prosecutor  [ ] Poster/Brochure
[ ] Police  [ ] Victim Service Program  [ ] Other (Identity)

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here.

If no agency is listed, please call (800) 233-2339 for assistance.

Victim Statistical Information

The following information is used for statistical purposes only. This section is strictly voluntary.

Race:

[ ] White  [ ] Black  [ ] Hispanic  [ ] American Indian/Alaskan Native  [ ] Asian/Pacific Islander  [ ] Other

Country of Birth

Do you have a disability?  [ ] yes  [ ] no

If yes, nature of disability:  [ ] Physical  [ ] Mental  [ ] Developmental Disability

Mailing Address:
P.O. Box 1167, Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street, Harrisburg, PA 17110

Phone and Fax Numbers:
(800) 233-2339  (717) 783-5153  (717) 787-4306 (FAX)

Website: www.pacriminalvictims.com

Cumberland County Service Agency Contacts

Victim/Witness Assistance  Office of District Attorney  717-240-6220

Juvenile Court Victim/Witness Office of District Attorney  717-240-6220

PA SAVIN  Offender Release Notification  1-866-972-7284

Domestic Violence  Cumberland/Perry Counties  1-800-852-2102  717-258-4249

Sexual Assault  Rape Crisis Services  1-888-727-2877  717-258-4324

MADD-DUI  MADD  1-800-848-6233  717-240-6220

Child Abuse  Office of District Attorney  717-240-6220  PA Child Line  800-932-0313

Elder Abuse  Office of District Attorney  717-240-6220

Legal Services  717-243-9400

Crisis Intervention  1-888-727-2877