SHIPPENSBURG 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 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

pennsylvania COMMISSION ON CRIME AND DELINQUENCY

PENNSYLVANIA CRIME VICTIMS

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 1-866-9PA-SAVIN (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.pacrimevictims.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.

pennsylvania
COMMISSION ON CRIME AND DELINQUENCY

PENNSYLVANIA CRIME VICTIMS

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.

Cumberland County Office of District Attorney
Victim Services Division

Telephone number: 717-240-6220

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.

Cumberland County Office of District Attorney
Victim Services Division

Telephone number: 717-240-6220

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.

Domestic Violence Services of Cumberland & Perry Counties

Telephone numbers: 1-800-852-2102
717-258-4249

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.

Sexual Assault/Rape Crisis Services of Cumberland

Telephone numbers: 1-888-727-2877
717-258-4324

MADD-DUI

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

Cumberland County Office of District Attorney
Victim Services Division

Telephone number: 717-240-6220

Child Abuse

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

Cumberland County Office of District Attorney
Victim Services Division

Telephone number: 717-240-6220

Elder Abuse

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

Cumberland County Office of District Attorney
Victim Services Division

Telephone number: 717-240-6220

POLICE DEPARTMENT SHIPPENSBURG UNIVERSITY POLICE DEPARTMENT

VICTIM SERVICES _____

INCIDENT NUMBER _____

DA OFFICE _____

OFFICER NAME _____

DATE _____

pennsylvania COMMISSION ON CRIME AND DELINQUENCY

VÍCTIMAS DE DELITOS EN PENNSYLVANIA

Defensor de las víctimas y servicios disponibles

El texto a continuación le brinda información general sobre sus derechos como víctima de un delito y sobre los servicios disponibles para ayudarle luego de ocurrido el delito. El defensor de las víctimas está disponible para ayudarle a conocer y a entende r sus derechos, ponerlo en contacto con servicios disponibles tales como asistencia psicológica o counseling y para brindarle ayuda en el proceso de solicitar asistencia económica para pagar facturas por atención médica y otros gastos. Debido a que su caso puede implicar la interacción con muchas agencias estatales y locales, el defensor le brindará apoyo y consejos, así como ayuda para entender el sistema legal y cuáles son los próximos pasos en el proceso.

Programa de Asistencia para Compensación de Víctimas

Es posible que usted sea elegible para recibir ayuda económica para pagar los gastos directamente relacionados con el delito (por ejemplo: gastos médicos y de asistencia psicológica o counseling, pérdida de ingresos, pérdida de apoyo o sostén económico, robo de dinero en efectivo, reubicación, funeral o limpieza del lugar de los hechos). Se adjunta un formulario de compensación.

Notificación de liberación del delincuente

Usted se puede inscribir para recibir notificaciones gratuitas, automáticas y confidenciales relativas al/a la delincuente en su caso mien-tras éste/a se encuentre bajo la supervisión de cárceles del condado, prisiones estatales o libertad condicional estatal. Para obtener más información e inscribirse, llame al 1-866-9PA-SAVIN (1-866-972-7284).

Notificaciones judiciales

Si la oficina del fiscal del distrito ha entablado acciones legales por el delito del que usted fue víctima y desea recibir notificaciones a medida que el caso avance en el proceso judicial, infórmele a su defensor.

Programa de Confidencialidad del Domicilio

Es posible que usted sea elegible para inscribirse en el Programa de Confidencialidad del Domicilio (por sus siglas en inglés, ACP) si es víctima de violencia doméstica, agresión sexual o acoso/acecho. Para obtener más información sobre el programa ACP, comuníquese con el programa de servicios de protección a las víctimas de su área o llame al programa ACP al 1-800-563-6399.

Sus derechos como víctima de un delito

Usted tiene derecho a recibir información sobre servicios básicos, incluyendo su elegibilidad para recibir asistencia económica.

Usted tiene el derecho de aportar información para la toma d e decisiones antes y después de dictarse la sentencia, así como con relación a la liberación, libertad condicional, tratamiento en la comunidad y permiso para salir a trabajar del delincuente, entre otros temas.

Si el abusador identificado en la orden de Protección contra el abuso (por sus siglas en inglés, PFA) es encarcelado, ya sea por una violación de la orden o por un delito de daños corporales contra una víctima protegida por la orden, usted tiene derecho a recibir la notificación inmediata de su liberación bajo fianza.

Usted tiene derecho a conocer los detalles del resultado final de su caso.

Usted tiene derecho a ir a todos los procesos judiciales en el juzgado en lo penal acompañado por un miembro de su familia, un defensor de víctimas o una persona de los servicios de apoyo.

Usted tiene derecho a ser informado sobre la condición o estado del delincuente, incluyendo su liberación bajo fianza, fuga, liberación y arresto.

Usted tiene derecho a recibir ayuda para preparar una declaración de impacto en la víctima, ya sea oral o escrita.

Para obtener más información sobre sus derechos, visite www.pacrimevictims.com o llame a cualquiera de los proveedores locales de servicios de protección a las víctimas mencionados aquí.

Derechos de las víctimas de violencia doméstica

Si usted es víctima de violencia doméstica, tiene el derecho de acudir a los tribunales y presentar una petición para que se le otorgue una orden de protección contra el abuso doméstico de conformidad con la Ley de Protección contra el Abuso (Tí-tulo 23 de los Estatutos Consolidados de Pennsylvania [por sus siglas en inglés, Pa. C.S.], Capítulo 61), la cual puede incluir lo siguiente:

- Una orden que le prohíba al abusador cometer otros actos de abuso.
- Una orden que le exija al abusador abandonar la vivienda donde usted reside.
- Una orden que le impida al abusador ingresar a su lugar de residencia, escuela, negocio o lugar de empleo.
- Una orden que le otorgue a usted o al otro padre/madre la custodia temporal de su(s) hijo(s) o un régimen temporal de visitas.
- Una orden que le exija al abusador pagarles a usted y a los hijos menores de edad la pensión alimenticia/manutención de menores si el abusador tiene la obligación legal de hacerlo.

pennsylvania
COMMISSION ON CRIME AND DELINQUENCY

VÍCTIMAS DE DELITOS EN PENNSYLVANIA

Las agencias locales de servicios de protección y lo que pueden hacer para ayudarle

Asistencia a las víctimas/testigos

En los casos de víctimas de delitos cometidos por un delincuente adulto (que tenga 18 años de edad o más), esta oficina le puede brindar información sobre sus derechos y sobre lo que pueden hacer para ayudarle.

División de servicios de oficina de víctima del fiscal de distrito del Condado Cumberland

teléfono: 717-240-6220

Asistencia a las víctimas/testigos en casos de tribunales de menores

Esta agencia le puede brindar información sobre los derechos y los servicios para las víctimas cuando el delincuente tiene menos de 18 años de edad e n el sistema judicial de menores y en la comunidad.

División de servicios de oficina de víctima del fiscal de distrito del Condado Cumberland

teléfono: 717-240-6220

Violencia doméstica

Además de servicios de asistencia psicológica o counseling, defensoría legal y para la salud, refugio o alojamiento de emergencia y planificación d e seguridad, esta organización le puede ayudar a presentar una orden de Protección contra el abuso (por sus siglas en inglés, PFA). Una PFA es una orden judicial emitida por un juez que puede ayudar a brindarles a usted y a sus hijos protección contra un abusador. Debido a que la presentación de una solicitud de PFA puede ser diferente en cada condado, es importante que usted se comunique con la organización local que se indica aquí. También está disponible el servicio de una línea telefónica direc ta (en inglés, hotline) durante las 24 horas, todos los días de la semana.

Servicios de violencia doméstica de Cumberland y condados Perry

teléfonos: 1-800-852-2102
717-258-4249

Agresión sexual

Los servicios están disponibles para todas las víctimas de violencia sexual, incluyendo hombres y mujeres que sean víctimas, ya sean adultos, adolescentes o niños. Está disponible la asistencia psicológica o counseling de apoyo y en casos de crisis para las víctimas de agresión sexual, miembros de la familia y otras personas cercanas a la víctima. La asistencia psicológica o counseling está disponible en persona y por teléfono. Un defensor irá con usted al hospital, a la policía y a los procesos judiciales, y le ayudará a entender cómo funcionan los sistemas de salud y de justicia penal. Los servicios de la línea telefónica directa (en inglés, hotline) y de acompañamiento están disponibles las 24 horas del día.

Servicios de Crisis de asalto sexual/violación de Cumberland

teléfonos: 1-888-727-2877
717-258-4324

MADD-DUI

Estas son las siglas en inglés de “Madres contra la conducción en estado de ebriedad” y “Conducir bajo la influencia de las drogas y el alcohol”, resp ectivamente. Esta agencia puede brindarle asistencia psicológica o counseling, apoyo, información y servicios de derivaciones o referidos para las víctimas de accidentes causados por DUI y sus familias.

División de servicios de oficina de víctima del fiscal de distrito del Condado Cumberland

teléfono: 717-240-6220

Abuso de menores

Esta agencia puede brindarle asistencia psicológica o counseling, información y servicios de derivaciones o referidos para niños abusados y desatendidos y sus familias.

División de servicios de oficina de víctima del fiscal de distrito del Condado Cumberland

teléfono: 717-240-6220

Abuso de personas mayores

Esta agencia puede brindarle asistencia psicológica o counseling, alojamiento y servi-cios de protección para las víctimas de edad avanzada y sus familias.

División de servicios de oficina de víctima del fiscal de distrito del Condado Cumberland

teléfono: 717-240-6220

DEPARTAMENTO DE POLICÍA Shippensburg University Police
NÚMERO DEL INCIDENTE _____
NOMBRE Y APELLIDO DEL FUNCIONARIO _____

SERVICIOS PARA LAS VÍCTIMAS _____
OFICINA DEL FISCAL DE DISTRITO _____
FECHA _____

www.pacrimevictims.com

Programa de Compensación y Ayuda a las Victimas P. O. Box 1167
Harrisburg, PA 17108- 1167

(800) 233-2339 **(717) 783-5153** **(717) 787-4306 Fax**

***El reconocimiento de reembolso y autorización tienen que ser firmado antes de que la reclamación pueda ser procesada.**

En la mayoría de los casos se requieren dos firmas. Si la victima es mayor de 14 anos, el o ella también tiene que firmar y entonces se requieren tres firmas.

RECONOCIMEINTO Y ACUERDO DE REEMBOLSO

Mi firma abajo significa que yo entiendo cada uno de los documentos o puntos de leyes:
El Programa es el que toma la decisión de aprobar mi reclamación. Yo puedo objetar la decisión tomada por el Programa por escrito durante los siguientes 30 días empezando desde el día en que la decisión fue tomada y puedo someter documentación suplementaria. Yo puedo reclamar el reembolso de costos adicionales debido al crimen. Debo verificar la cantidad exacta de mi perdida antes de que el Programa considere compensarme del Fondo de Compensación a las Victimas del Crimen. Mi reclamación puede ser denegada si no coopero con el Programa y sus agentes o mantengo una dirección postal valida con el Programa. Si someto una reclamación falsa, esto es una ofensa criminal punible de delito menor como se menciona en la sección 1303 del Acta de Victimas del Crimen. Si yo fuera ha hacer una declaración falsa en esta reclamación con la intención de engañar al Programa, seria considerado una ofensa criminal punible de delito menor como se menciona en 18 PA.C.S. & 4904.

Yo entiendo que el Programa de Compensación a las Victimas del Crimen es el último recurso de pago. Yo estoy de acuerdo en informar al Programa y devolver al Gobierno cualquier dinero que reciba de cualquier otro recurso como resultado del crimen cometido y de acuerdo a la compensación recibida. Por lo tanto, estoy de acuerdo en devolver cualquier dinero que reciba del acusado, cualquier persona o recurso, que me recompense por el daño causado, incluyendo cualquier compensación por dolor y sufrimiento. Yo también estoy de acuerdo en que si la reclamación es determinada en cualquier momento como un error, falsa o fraudulenta, yo reembolsaré al Programa todo el dinero pagado por el Programa.

_____

Firma del Reclamante Fecha

***El reconocimiento tiene que ser firmado antes de que la reclamación pueda ser procesada.**

AUTORIZACION

Yo por la presente autorizo, de acuerdo con las regulaciones de privacidad bajo HIPPA, a cualquier hospital, médico o otra persona o institución medica que me haya examinado (nombre de la victima) _____ ; cualquier director de funeraria o otra persona que ofreció servicios similares, cualquier empleador de la victima o del reclamante; policia o agencia gubernamental; incluyendo las autoridades de impuestos Estatal y Federal; cualquier compañía de seguros; o cualquier organización que tenga conocimiento, para proveer a la Oficina de Servicios a las Victimas, Programa de Compensación y Ayuda a las Victimas, toda información que posean con relación al incidente que es básico para este reclamo. Copias de esta autorización pueden ser usadas en lugar de la original.

_____

Firma del Reclamante Fecha

_____

Firma de la victima (si es mayor de 14 anos) Fecha

pennsylvania
VICTIMS COMPENSATION
ASSISTANCE PROGRAM

Office of Victims' Services

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.pacrimevictims.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.

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.)

✂ Cut along this line and maintain this portion for your records. ✂

Victims Compensation Assistance Program Short Form

(For Official Use Only) Claim # _____

Please complete this entire section of the form. To process your claim, we must be able to contact you.

Victim Information

☐ Male ☐ Female

Name _____ Date of Birth ____/____/____ SS# _____

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 ____/____/____ SS# _____

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? ☐ yes ☐ no Did the crime involve a motor vehicle? ☐ yes ☐ no

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: _____

_____

Please complete the section(s) for the benefit(s) you are applying for and provide as much of the requested information that you can at this time. The Program may request additional information once the claim is received.

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? (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 ____/____/____ to ____/____/____

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

Provide a copy of your monthly benefit statement for the month and year of the crime.

Do you have homeowner's/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 for 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 (Identify) _____

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 statisticcal 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)

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
	Office of District Attorney	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

Franklin County Service Agency Contacts

Victim/Witness Assistance	Office of District Attorney	717-261-3827
WIN	Women in Need	717-264-4444
Juvenile Court Victim/Witness	Office of District Attorney	717-261-3827
PA SAVIN	Offender Release Notification	1-866-972-7284
Domestic Violence		717-263-7707
Sexual Assault	Rape Crisis Services	1-888-777-1960
MADD-DUI	MADD	1-800-848-6233
Child Abuse	PA Child Line	1-800-932-0313
Elder Abuse	Office of District Attorney	717-261-3827
Legal Services		717-264-5354
Crisis Intervention		1-800-777-1960

Shippensburg University Campus Resources

Shippensburg University Women's Center
First floor of Horton Hall
(717) 477-1790
www.ship.edu/womens_center/

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/

Additional Resources

WIN: Women in Need
Franklin and Fulton County
Chambersburg, PA
Franklin County Office (717) 264-4444
1-800-621-6660 (24/7 Hotline)

YWCA Sexual Assault/Rape Crises Center
Carlisle, PA
Office (717) 243-3818
1-888-7272877 (24/7 Hotline)
www.ywcacarlisle.org/

Pennsylvania Coalition Against Rape (PCAR)
1-888-772-PCAR (24/7 Hotline)
www.pcar.org

RAINN Rape,Incest, National Network
1-800-656-HOPE (24/7 Hotline)
www.rainn.org

Pennsylvania Coalition Against Domestic Violence
www.pcadv.org

National Domestic Violence Hotline
1-800-799-SAFE
www.thehotline.org

NO More
www.nomore.org

PA Says No More
www.pasaysnomore.com

DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS

Officer:	Date:	Incident #:
Victim:	Offender:	

☐ ***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.***

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

Cut along this line and maintain this portion for records. ✂

pennsylvania
COMMISSION ON CRIME AND DELINQUENCY

PENNSYLVANIA CRIME VICTIMS

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