HELP AVAILABLE TO VICTIMS OF CRIME IN PENNSYLVANIA

EAST PENNSBORO TOWNSHIP

Police Department

717-732-3633

Telephone Number

Police Incident Number

Contact Person

Agency

pennsylvania
COMMISSION ON CRIME
AND DELINQUENCY

This form was created by the Office of Victims' Services in the Pennsylvania Commission on Crime and Delinquency to help assist Law Enforcement Officers to provide notice of basic rights and services to victims of crime as required by the Crime Victims Act (18 Pa.C.S. § 11.101 et. seq.). 4/09 rev

www.pacrimevictims.state.pa.us

PENNSYLVANIA CRIME VICTIMS

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).

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 listed on this form.

www.pacrimevictims.com

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.

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.

Protection of Victims of Sexual Violence or Intimidation (PSVI) Act

The PSVI Act (42 Pa. C.S. § 62A) provides victims of sexual violence or intimidation with the right to ask for a court order that requires the offender to stay away from the victim, whether or not the victim seeks criminal prosecution.

The PSVI Act includes two types of court orders:

A **Sexual Violence Protection Order** (SVPO) can be requested for adult and minor (children younger than age 18) victims of sexual violence. SVPOs require the offender to stay away from the victim. Victims of sexual violence may be granted an SVPO in cases which do not involve a family/household or intimate relationship with the offender.

A **Protection From Intimidation Order** (PFIO) can be requested for minors (children younger than age 18) to protect them from harassment and stalking by an offender who is age 18 or older. PFIOs may be granted in cases which do not involve a family/household or intimate relationship with the offender.

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.

Victim Services Division - DA's Office after hours
717-243-4121 1-888-697-0371 X-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.

Victim Services Division - DA's Office after hours
717-243-4121 1-888-697-0371 X-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 Hotline Number - 1-800-852-2102

Sexual Assault
Rape crisis centers provide 24-hour crisis hotlines, counseling, legal and medical advocacy, and accompaniment to the hospital, police, and court proceedings for victims of sexual violence and their significant others. All services are free, confidential, and available to adults, teens, and children of all genders. Your local sexual assault agency cited here can help you file a Sexual Violence Protection Orders (SVPO) if you have been a victim of sexual violence that was committed by someone who is not a family member or intimate partner.

Sexual Assault/Rape Crisis Services Hotline Number - 1-888-727-2877

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

Victim Services Division - DA's Office after hours
717-243-4121 1-888-697-0371 X-6220

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

Cumberland County Children & Youth
1-888-697-0371 X-6120

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

Cumberland County Children & Youth
1-888-697-0371 X-6110

Protection From Intimidation Order
A Protection From Intimidation Order can be requested for minors (children younger than age 18) to protect them from harassment and stalking by an offender who is age 18 or older. Because filing for a Protection From Intimidation Order can be different in each county, it is important for you to contact the organization cited here for information on how to file for this order.

Rape Crisis Services Hotline number - 1-888-727-2877

POLICE DEPARTMENT _____ VICTIM SERVICES _____
INCIDENT NUMBER _____ DA OFFICE _____
OFFICER NAME _____ DATE _____

www.pacrimevictims.com

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 www.dave.pa.gov

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.)

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

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

✂ 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)