



Gloucester County Prosecutor

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Prosecutor
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We have learned that you are a victim of a crime. The Victim Witness Unit at the Gloucester County Prosecutor's Office provides assistance to victims to help lessen the loss and any inconveniences as a result of being victimized.

The Victim Witness Unit can help you apply for reimbursement of medical expenses and/or loss of earnings through the New Jersey Victims of Crime Compensation Office. If you feel that you are in need of immediate support or counseling services, please contact Services Empowering Rights of Victims (SERV) for free and confidential services on their 24-hour bilingual helpline at (866) 295-7378.

Enclosed, please find information on resources available to you. For statewide information on additional resources, you can visit <https://njcasa.org/our-work/resources/>.

If you would like further information, or have any questions, please feel free to contact the Victim Witness Unit at (856) 384-5500.

Hemos aprendido que usted ha sido víctima de un crimen. La Unidad de Testigos de Víctimas en la oficina del Fiscalía en el Condado de Gloucester proporciona asistencia a las víctimas para ayudar a disminuir la pérdida y cualquier inconveniente como resultado de ser víctimas.

La Unidad de Testigos de Víctimas puede ayudarle a solicitar el reembolso de los gastos médicos o pérdida de ganancias a través de la Junta de Compensación para Víctimas de Crímenes de Estado de New Jersey. Si siente que necesita servicios inmediatos de apoyo o asesoramiento, póngase en contacto con servicios que empoderan los derechos de las víctimas (SERV) servicios gratuitos y confidenciales y su línea de ayuda bilingüe las 24-hora a (866) 295-7378.

Adjunto, encontrará información sobre los recursos disponibles para usted. Para obtener información a nivel estatal sobre recursos adicionales, puede visitar <https://njcasa.org/our-work/resources/>.

Si desea obtener más información o tiene alguna pregunta, no dude en ponerse en contacto con la unidad Consejera de Víctimas a (856) 384.5579.

Sincerely/Atentamente,

Lillian M. Robinson

Lillian M. Robinson
Victim Witness Coordinator/Coordinador de Víctimas y Testigos

The County of Gloucester complies with all state and federal rules and regulations against discrimination in admission to, access to, or operations of its programs, services, and activities. In addition, County encourages participation of people with disabilities in its programs and activities and offers special services to all residents 60 years of age and older. Inquiries regarding compliance may be directed to the County's ADA Coordinator at (856) 384-6842/ New Jersey Relay Service 711.



A NJSACOP Accredited and CALEA Recognized Law Enforcement Agency



Gloucester County
Office of Victim Witness Advocacy

**Information For
Victims & Witnesses
Of Crime**



**Gloucester County
Office of
Victim Witness Advocacy**

Ph. (856) 384-5557

Fax (856) 384-8624

GLOUCESTER COUNTY
PROSECUTOR'S OFFICE

70 North Hunter Street

P.O. Box 623

Woodbury, NJ 08096

(856) 384-5500

www.co.gloucester.nj.us

**The Gloucester County Office of
Victim Witness Advocacy
Provides the following services
to victims and witnesses:**

- Criminal justice orientation and information
- Assistance in completing victim impact statement
- Referrals for counseling and support services
- Case status notification
- Courtroom accompaniment
- Information about transportation, parking, courthouse location
- Child care when attending court proceedings
- Information and assistance in filing claims with the victims of Crime Compensation Office
- Assistance in applying for restitution
- Employer and creditor intercession
- A separate and secure waiting area while waiting to appear in court
- Information and assistance regarding NJVINE System
- In sexual assault cases, assistance in obtaining HIV/AIDS test results of the defendant

**Suggestions For
Courtroom Testimony**

Be prepared. Before you testify, try to remember the scene and what happened. Do not try to memorize your testimony, just be prepared to tell what happened in your own words.

Listen carefully to the questions. If you do not understand a question, ask that it be explained or repeated.

Think before you speak. Give an accurate answer to the best of your ability. If you do not know the answer to a question, or if you do not remember, say so.

Speak clearly and loud enough so that all the jurors can hear you.

Answer only the questions that are asked of you. Do not volunteer information.

Dress neatly and appropriately for court. Avoid distracting mannerisms, such as chewing gum while testifying. Be serious and avoid joking.

Stop when the judge interrupts you or when an attorney objects to a question. Wait until the court gives its ruling. You will be told when to continue.

Be courteous, even if the lawyer asking questions is not. It is important that you do not lose your temper or argue with either attorney. Stay calm at all times while you are being questioned.

Tell the truth at all times. You will be sworn to tell the truth. Do not guess or make up an answer.

As a victim or witness, it is important that you keep the Office of Victim Witness Advocacy informed of any change of address or telephone number before and after the case has concluded.

New Jersey Crime Victims Bill of Rights
(NJS 52:4B-36)

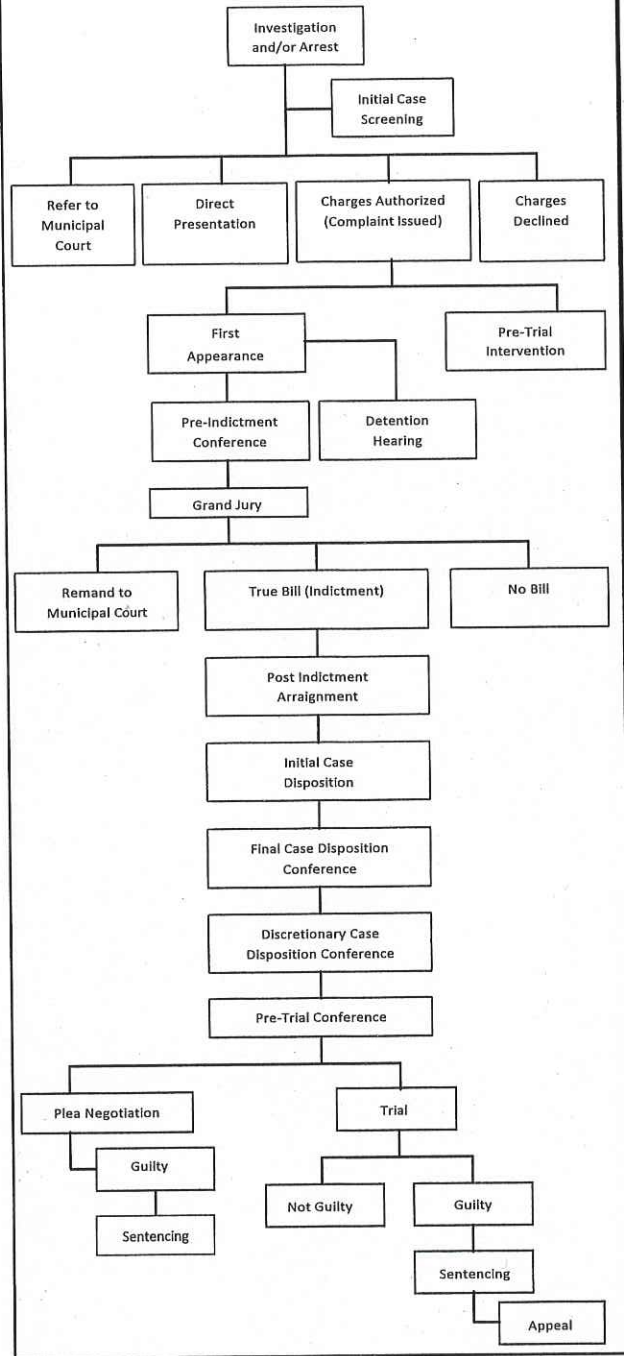
(Amended October 6, 2012)

Crime victims and witnesses are entitled to the following rights:

1.
 - a. To be treated with dignity and compassion by the criminal justice system
 - b. To be informed about the criminal justice process
 - c. To be free from intimidation
 - d. To have inconveniences associated with participation in the criminal justice process minimized to the fullest extent possible
 - e. To make at least one telephone call provided the call is reasonable in both length and location called
 - f. To medical assistance if, in the judgment of the law enforcement agency, medical assistance appears necessary
 - g. To be notified if presence in court is not needed
 - h. To be informed about available remedies, financial assistance and social services
 - i. To be compensated for their loss whenever possible
 - j. To be provided a secure, but not necessarily separate, waiting area during court proceedings
 - k. To be advised of case progress and final disposition
 - l. To the prompt return of property when no longer needed as evidence
 - m. To submit a written statement about the impact of the crime to a representative of the county prosecutor's office which shall be considered prior to the prosecutor's final decision concerning whether formal criminal charges will be filed
 - n. To make, prior to sentencing, an in-person statement directly to the sentencing court concerning the impact of the crime. This statement is to be made in addition to the statement permitted for inclusion in the presentence report by N.J.S. 2C:44-6. In any homicide prosecution the victim's survivor may display directly to the sentencing court at the time of this statement a photograph of the victim taken before the homicide.
 - o. To have the opportunity to consult with the prosecuting authority prior to the conclusion of any plea negotiations, and to have the prosecutor advise the court of the consultation and the victim's position regarding the plea agreement, provided however that nothing herein shall be construed to alter or limit the authority or discretion of the prosecutor to enter into any plea agreement which the prosecutor deems appropriate.
 - p. To be present at any judicial proceeding involving a crime or any juvenile proceeding involving a criminal offense except as otherwise provided by Article I, paragraph 22 of the New Jersey Constitution.
 - q. To be notified of any release or escape of the defendant.
 - r. To appear in any court before which a proceeding implicating the right of the victim is being held, with standing to file a motion or present argument on a motion filed to enforce any right conferred herein or by Article 1, Paragraph 22 of the New Jersey Constitution, and to receive an adjudicative decision by the court on any such motion.
2.
 - a. A victim survivor may, at the time of making the in-person statement to the sentencing court authorized by subsection. n. section 3 of P.L. 1985, c.249 (C.52:4B-36), display directly to the sentencing court a photograph of the victim taken before the homicide including, but not limited to, a still photograph, a computer generated presentation, or a video presentation of the victim. The time, length, and content of such presentation shall be within the sound discretion of the sentencing judge.
 - b. A victim survivor may, during any judicial proceeding involving the defendant, wear a button not exceeding four inches in diameter that contains a picture of the victim, if the court determines that the wearing of such button will not deprive the defendant of his right to a fair trial under the Sixth Amendment of the United States Constitution and Article I of the New Jersey Constitution. Other spectators at such judicial proceedings may also wear similar buttons if the court so determines. If the victim's survivor seeks to wear the button to trial, the victim's survivor shall give notice to the defendant and to the court no less than 30 days prior to the final trial date.

Criminal Justice Terms and Definitions

The Criminal Case Process



Assistant Prosecutor: A lawyer employed by the county prosecutor's office to prosecute cases for the State of New Jersey.

Public Defender: A lawyer employed by the State of New Jersey to represent indigent defendants of a crime.

Complaint: Initial formal document charging defendant with a crime

First Appearance Hearing: Once a complaint is issued, defendants are either arrested or issued a summons or notice to appear in Superior Court on a first appearance. At the First Appearance incarcerated defendants can be released subject to conditions set by the court or held without bail because the state is seeking to detain the defendant without bail until trial. First Appearance hearings are held within 24 hours of arrest or issuance of a warrant complaint for incarcerated defendants. First Appearances are held no more than 60 days after arrest or issuance of a summons for non-incarcerated defendants.

Pre-Indictment Conference: This hearing is scheduled 45 days from the time of the First Appearance. The hearing is an opportunity for the assistant prosecutor to discuss with the defense attorney potential pre-indictment case resolutions (guilty plea).

Grand Jury: A 23-person jury that hears evidence presented by an assistant prosecutor to determine whether or not there is a sufficient basis for a formal charge to be issued.

Post-Indictment Arraignment: This is the first appearance made by the defendant before a Superior Court Judge after indictment. The assistant prosecutor will advise the defendant of the indictment. The defendant, through his/her attorney will enter a guilty or not guilty plea. This hearing will be held 14 days after indictment.

Status Conferences: There are two status conference hearings, with the possible exception of a third conference at the judge's discretion. The first status conference is called the Initial Case Disposition Conference; the second conference is called the Final Case Disposition Conference and the third, the Discretionary Case Disposition Conference. These hearings are public hearings where the defendant and his/her lawyer and an assistant prosecutor appear before a Superior Court judge.

Plea Negotiation: A process in which the assistant prosecutor and the defendant, through his/her attorney, attempt to reach a plea agreement in which the defendant agrees to plead guilty to some or all of the charges. The first plea offer by the assistant prosecutor may be provided to the defense attorney as early as the Pre-Indictment Conference.

Petit Jury: A group of twelve citizens selected to hear evidence relating to the charges stated in the indictment.

Sentencing: The disposition/punishment phase of the criminal matter before a Superior Court judge. A sentence can include prison, probation, restitution, community service, mental health counseling, fines & penalties, or any combination of these. This is the phase where a victim has the opportunity to address the court with a Victim Impact Statement, which is a statement, written and/or oral, made by the victim describing how the crime has affected his/her life.

Important Phone Numbers

The Gloucester County Office of Victim Witness Advocacy has compiled the following brief list of agencies and organizations, which may be of assistance to victims and witnesses.

State Agencies

Victims of Crime Compensation Office
1-877-658-2221
www.njvictims.org

State Parole Board
1-609-292-4582
www.state.nj.us/parole

Department of Corrections/Victim Services Unit
1-609-292-4036 x 5299
www.state.nj.us/corrections

State Police Sex Offender Registry
www.njsp.org/sex-offender-registry

State Domestic Violence Hotline
1-800-572-7233

State Sexual Assault Hotline
1-800-601-7200

Counseling

Center for Family Services
1-877-922-2377
www.centerffs.org

Catholic Charities
1-866-628-2166

Newpoint Behavioral Health
856-845-8050
www.newpointbhc.org

Support Groups

Mothers Against Drunk Driving (M.A.D.D.)
609-409-1220

Compassionate Friends (Loss of child)
856-423-7919

Judicial and Legal Information (856 area code)

Prosecutor's Office	384-5500
Probation Department	878-5050
Family Division	878-5050
Sheriff's Department	384-4600
Salem County Jail	769-4300
GC Legal Referral Service	848-4589

Domestic Violence Information

Services Empowering the Rights of Victims - (SERV)	964-7378
DV Shelter and Support	881-3335

Child Abuse

Division of Child Protection and Permanency	
East Division (Sewell)	582-1238
West Division (West Deptford)	853-5525
Abuse and Neglect Hotline	1-877-652-2873

Adult Protective Services

County Board of Social Services	582-9200
Adult Protective Services	256-2101
Division of Aging/Senior Services	384-6900
Division of Human and Disability Services	384-6842

Emergency Services

Police, Fire and Rescue	911
Psychiatric Crisis Support	845-9100

Addictive Services

GC Office of Addiction	384-6885
First Step Program	609-743-2191
	856-562-8187

Sexual Assault Response Team

Inspira Medical Center Emergency (Woodbury)	845-0100
Jefferson Health Emergency (Washington TWP)	582-2500

GLOUCESTER COUNTY

MUNICIPAL COURTS

CLAYTON (See ELK)

DEPTFORD TWP 856-686-2230

EAST GREENWICH TWP JOINT MC 856-423-3010

ELK TOWNSHIP JOINT MC 856-881-6525

FRANKLIN TWP JOINT MC 856-694-1661

GLASSBORO 856-881-0383

GREENWICH TOWNSHIP 856-423-0113

HARRISON TWP JOINT MC 856-478-4049

LOGAN TOWNSHIP 856-467-3425

MANTUA TWP JOINT MC 856-468-3078

MONROE TOWNSHIP 856-728-2144

NATIONAL PARK (See WESTVILLE)

NEWFIELD (See ELK)

PAULSBORO 856-423-3888

PITMAN (See MANTUA)

SOUTH HARRISON (See HARRISON)

WASHINGTON TOWNSHIP 856-589-0546

WENONAH (See MANTUA)

WEST DEPTFORD TWP 856-845-4004

WESTVILLE JOINT MC 856-456-0066

WOODBURY (See DEPTFORD)

WOODBURY HEIGHTS (See MANTUA)

WOOLWICH TWP JOINT MC 856-467-1555

LOCATION

The Gloucester County Office of Victim Witness Advocacy and Gloucester County Courthouse are located on 70 North Hunter Street in Woodbury. Free parking available at parking garage on the corner of Hunter and Broad Streets in Woodbury.

Article One—Paragraph 22

New Jersey

State Constitution

Adopted November 5, 1991

The victim of a crime shall be treated with fairness, compassion and respect by the criminal justice system.

Notes

State v. _____

Assistant Prosecutor: _____

Trial Aide: _____

Telephone Number: _____

Detective: _____

Telephone Number: _____

Victim Advocate: _____

Telephone Number: _____

GLOUCESTER COUNTY

PROSECUTOR'S

OFFICE

www.co.gloucester.nj.us

Mission Statement

The Gloucester County Prosecutor's Office is dedicated towards providing our citizens with the most skilled and professional investigation and prosecution of criminal offenders by using all available resources. It is our goal to enforce the laws without prejudice in a timely manner, while treating the victims of crime with the respect and compassion they deserve. The members of this Office will work in partnership with the law enforcement community and citizens of Gloucester County to promote a safe environment in all municipalities. The Gloucester County Prosecutor's Office, as the chief law enforcement agency in Gloucester County, provides leadership and supervision over the chiefs of police and municipal prosecutors with a view to ensure the effective, efficient and uniform enforcement of the criminal laws and the administration of criminal justice throughout Gloucester County.

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PROSECUTOR'S OFFICE

70 North Hunter Street

P.O. Box 623

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The County of Gloucester complies with all state and federal rules and regulations against discrimination in admission to, access to, or operations of its programs, services, and activities. In addition, Gloucester County encourages participation of people with disabilities in its programs and activities and offers special services to all residents 60 years of age and older. Inquiries regarding compliance may be directed to the County's ADA Coordinator at (856) 384-6842/ New Jersey Relay Service 711.

Sexual Assault Victim's Bill of Rights

N.J. Stat. Ann. § 52:4B-60.1 et seq.

In New Jersey, victims of sexual violence are afforded the following rights:

- (1) To have any allegation of sexual assault treated seriously; to be treated with dignity and compassion; and to be notified of existing medical, counseling, mental health, or other services available for victims of sexual assault, whether or not the crime is reported to law enforcement;
- (2) To be free, to the extent consistent with the New Jersey or United States Constitution, from any suggestion that victims are responsible for the commission of crimes against them or any suggestion that victims were contributorily negligent or assumed the risk of being assaulted;
- (3) To be free from any suggestion that victims are to report the crimes to be assured of any other guaranteed right and that victims should refrain from reporting crimes in order to avoid unwanted personal publicity;
- (4) When applicable, to no-cost access to the services of a sexual assault response team comprised of: a certified forensic nurse examiner, a confidential sexual violence advocate, and a law enforcement official as provided in accordance with the Attorney General's Standards for Providing Services to Victims of Sexual Assault, and the choice to opt into or out of any of the team's services;
- (5) To be informed of, and assisted in exercising, the right to be confidentially or anonymously tested for acquired immune deficiency syndrome (AIDS) or infection with the human immunodeficiency virus (HIV) or any other related virus identified as a probable causative agent of AIDS; and to be informed of, and assisted in exercising, any rights that may be provided by law to compel and disclose the results of testing of a sexual assault suspect for communicable diseases;
- (6) To have forensic medical evidence, if collected, retained for a minimum of five years, and to receive information about the status of the evidence upon request;
- (7) To choose whether to participate in any investigation of the assault;
- (8) To reasonable efforts to provide treatment and interviews in a language in which the victim is fluent and the right to be given access to appropriate assistive devices to accommodate disabilities that the victim may have, whether temporary or long term;
- (9) To information and assistance in accessing specialized mental health services; protection from further violence; other appropriate community or governmental services, including services provided by the Victims of Crime Compensation Office; and all other assistance available to crime victims under current law;
- (10) To be apprised of the availability and process by which a court may order the taking of testimony from a victim via closed circuit television in accordance with section 1 of P.L.1985, c.126 (C.2A:84A-32.4); and
- (11) To be apprised of the availability and process by which to seek protections through a temporary or final protective order under the "Sexual Assault Survivor Protection Act of 2015," P.L.2015, c.147 (C.2C:14-13 et seq.), if the victim believes that the victim is at risk for re-victimization or further harm by the perpetrator.

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CRIMINAL JUSTICE



Declaración de Derechos de La Víctima de Agresión Sexual

N.J. Stat. Ann. § 52:4B-60.1 et seq.

En Nueva Jersey a las víctimas de violencia sexual se les otorgan los siguientes derechos:

- (1) Que toda denuncia de agresión sexual sea tratada con seriedad; ser tratada/o con dignidad y compasión; y de ser notificada/o de servicios disponibles ya sean médicos, de consejería y asesoramiento, de salud mental, o de otros tipos disponibles para las víctimas de agresión sexual ya sea que se haya reportada el delito a las agencias del orden público o no.
- (2) De estar libres, en la medida compatible con la Constitución de Nueva Jersey o de Los Estados Unidos, de cualquier inferencia que las víctimas son las responsables por los delitos que se cometen en su contra o de alguna inferencia que las víctimas contribuyeron al delito por su negligencia o que asumido el riesgo de ser agredidas/os.
- (3) De estar libres de cualquier inferencia que las víctimas deben reportar los delitos para que se les asegure algún otro derecho garantizado y que las víctimas deben evitar reportar los delitos para evitar publicidad personal no deseada.
- (4) Cuando aplique, al acceso sin costo a los servicios de un equipo de respuesta a la agresión sexual comprendido por una enfermera examinadora forense certificada, un asesor confidencial de violencia sexual, y un oficial del orden público como lo indican los Estándares de la Oficina del Fiscal General para proveer servicios a las Víctimas de Agresión Sexual, y de tener la opción de participar o no con los servicios que provee el equipo y que usted escoja.
- (5) De que se le informe y que se le ayude a ejercer su derecho a obtener pruebas confidenciales para detectar el Síndrome de Inmunodeficiencia Adquirida (SIDA) o la infección con el Virus de Inmunodeficiencia Humana (VIH) o de cualquier otro virus relacionado e identificado como probable agente causante del SIDA; y de permanecer informada/o y recibir asistencia al ejercer cualquier derecho que le otorgue la ley para requerir y divulgar los resultados de pruebas que se le hayan hecho a un sospechoso de agresión sexual para detectar enfermedades transmisibles;
- (6) Que se guarden los resultados de las pruebas médicas forenses, si es que se han colectado, por un mínimo de cinco años, y de recibir información sobre la condición/estatus de las evidencias cuando la solicite.
- (7) Decidir si participar o no en la investigación de la agresión.
- (8) Que se hagan esfuerzos razonables para proveer tratamiento y entrevistas en el idioma en el que la víctima hable con fluidez y dar acceso a dispositivos de asistencia adecuados en relación a cualquier incapacidad que pueda tener la víctima ya sea temporal o a largo plazo;
- (9) A tener información y ayuda para poder tener acceso a servicios especializados de salud mental; a protección contra nuevos actos de violencia; a otros servicios apropiados ya sean comunitarios o gubernamentales, incluyendo los servicios proveídos por la Oficina de Compensación para Víctimas del Crimen; y toda otra ayuda disponible a víctimas de delitos conforme a las leyes vigentes.
- (10) De ser informada/o de la disponibilidad y el proceso por el cual un tribunal puede ordenar testimonio de una víctima a través de circuito cerrado de televisión conforme a la sección 1 de P.L. 1985, c.126 (C.2A:84A-32.4); y
- (11) De ser informada/o sobre la disponibilidad y el proceso para solicitar protección mediante una orden de alejamiento temporal o permanente conforme a "la Ley de protección a sobrevivientes de agresiones sexuales del 2015," P.L.2015, c.147 (C.2C:14-13 et seq.), si la víctima cree que corre el riesgo de ser víctima de nuevo o de daño adicional por parte del autor.

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CRIMINAL JUSTICE



know your rights as a survivor of sexual violence

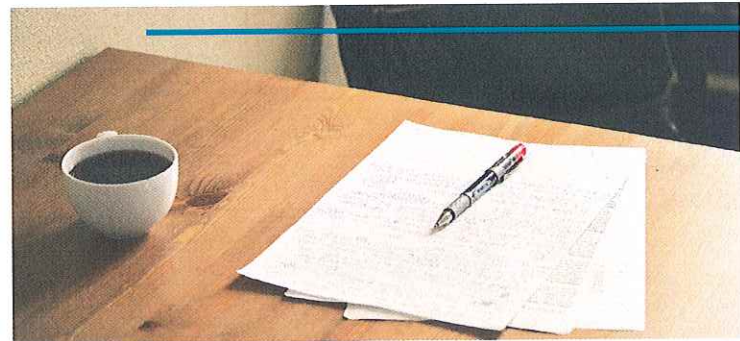


The **Sexual Assault Victim's Bill of Rights** was enacted in 2019 to outline basic protections and fundamental rights for survivors. As a survivor of sexual violence, the time immediately following an assault can seem confusing and overwhelming. Next steps in the aftermath of an assault should be led by the survivor.

No matter what a survivor chooses to do in the aftermath of an assault, they should know their rights are guaranteed, even if the assault is not reported to law enforcement. The Sexual Assault Victim's Bill of Rights declares all survivors of sexual violence have the right to be treated with dignity and compassion and the right to be free from blame. The Bill of Rights also affirms that the survivor should be free from any suggestion that they contributed to the risk of being assaulted. *Sexual violence is never the fault of the survivor.*

SURVIVORS HAVE THE RIGHT TO:

- Choose whether to report to law enforcement.
- Be free from any suggestion that they must report the crime to have their rights guaranteed.
- Be free from any suggestion that victims should refrain from reporting crimes in order to avoid unwanted personal publicity.
- Have their report of sexual assault treated seriously.



SURVIVORS HAVE THE RIGHT TO BE INFORMED OF AND ACCESS:

- Existing medical, counseling, mental health, or other services available for victims of sexual assault, whether or not the crime is reported to law enforcement.
- Treatment and interviews provided in a language in which the victim is fluent.
- Assistive devices to accommodate disabilities that the victim may have.
- Testing for HIV or any other sexually transmitted infections and assistance with compelling and disclosing the results of testing for a communicable disease from the person who caused harm.

SURVIVORS HAVE THE RIGHT TO BE INFORMED OF AND ACCESS:

- **Evidence collection and preservation.** Evidence collection is time sensitive and should occur within five days of the assault. Survivors can choose to have evidence collected whether or not they pursue a criminal case. All forensic evidence is retained for a minimum of five years. If the survivor chooses to report to police, either at the time of collection or later, they can request information on the status of the evidence.
- **Financial compensation.** The Victims of Crime Compensation Office (VCCO) offers assistance with accessing compensation for expenses that occurred as a result of an assault, including the cost of mental health counseling, medical bills, relocation, and loss of earnings. Survivors can reach the VCCO at (877) 658-2221 or www.NJVictims.org.
- **A civil protective order.** Under the Sexual Assault Survivor Protection Act of 2015, survivors can seek a civil protective order against the person who caused them harm if there is risk of further harm.
- **The no-cost services of a Sexual Assault Response Team (SART), if the survivor is over the age of 13.** A SART is comprised of a Confidential Sexual Violence Advocate (CSVA), a Law Enforcement Officer (LEO), and a Forensic Nurse Examiner (FNE).
 - **The CSVA is a confidential resource who can support the survivor through the SART process.** The CSVA provides emotional support and can help the survivor explore their rights, options, and available resources.
 - **The LEO can provide thorough and objective assistance in responding to and conducting a criminal investigation of sexual assault.**
 - **If the assault occurred within the last five days, the FNE can tend to the medical needs of the survivor and perform a Sexual Assault Forensic Exam (SAFE) Kit to collect forensic evidence. The survivor can choose to work with one, two, or all three of the SART members.**

The support of a **Confidential Sexual Violence Advocate** is always available, **24 hours a day**. To learn more about survivors' rights and options or to speak with an advocate, contact your **local sexual violence service provider**.

If you are in immediate danger, call 911.

New Jersey Coalition Against Sexual Assault
www.njcasa.org
24-hour Statewide Hotline:
(800) 601-7200



REFERENCES

¹ Attorney General Standards for Providing Services to Victims of Sexual Assault. (2018, November). Retrieved from <https://www.nj.gov/oag/newsreleases18/AG-SART-Standards.pdf>

² N.J. Ct. R. 5:7B. Sexual Assault Victim's Bill of Rights. (n.d.). Retrieved from https://www.njleg.state.nj.us/2018/Bills/PL19/103_.PDF

© New Jersey Coalition Against Sexual Assault 2020.

The New Jersey Coalition Against Sexual Assault (NJCASA) is the statewide organization representing 21 county-based rape crisis centers and Rutgers University's Office for Violence Prevention and Victim Assistance. NJCASA elevates the voice of survivors and service providers through advocacy, training, and support for efforts to create safer communities for all people.

njcoalition
against sexual assault

the sexual assault survivor protection act (SASPA)



The **Sexual Assault Survivor Protection Act (SASPA)** expands opportunities for survivors of sexual violence to apply for a protective order against their perpetrator, without reporting to law enforcement or filing criminal charges. SASPA was passed into law in November 2015 and was enacted in May 2016.

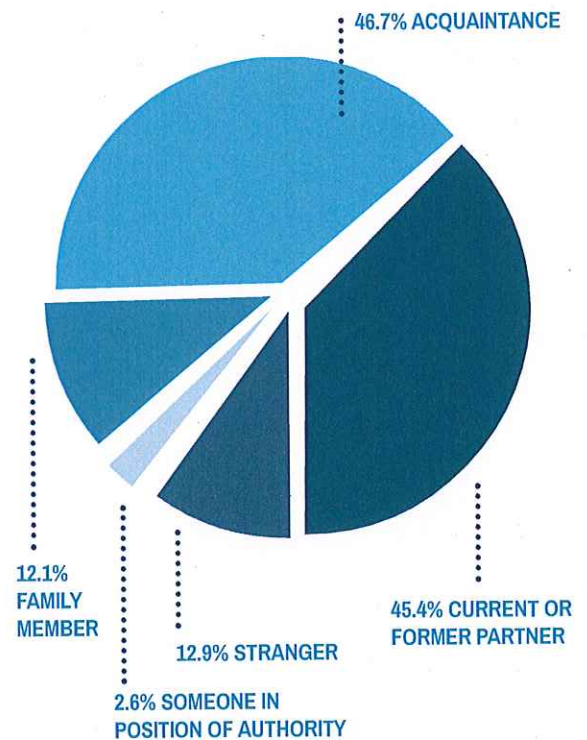
The vast majority of sexual violence survivors **know their perpetrator**. SASPA closed a legal loophole, where protective orders weren't available for survivors of sexual assault unless there was a charge or conviction.

WHAT IS A PROTECTIVE ORDER & WHAT DOES IT DO?

A protective order is a document issued by the court to help protect a survivor from a perpetrator and stop any further acts of violence or intimidating behaviors.

A protective order can shield survivors from:

- Further acts of violence
- Seeing a perpetrator (the person can be prevented from entering specific places that the survivor or their household members regularly frequent, such as work, home, or school)
- Future contact with their perpetrator (whether in-person, over the phone, or through another person)
- Stalking behaviors
- Harassment, including online harassment, of the survivor, their family members, or their employer/employees
- Any other relief the court deems appropriate



Data per the National Intimate Partner and Sexual Violence Survey, 2014. Results add up to over 100% to account for multiple perpetrators.

© New Jersey Coalition Against Sexual Assault 2017.

The New Jersey Coalition Against Sexual Assault (NJCASA) is the statewide organization representing 21 county-based rape crisis centers and Rutgers University's Office for Violence Prevention and Victim Assistance. NJCASA elevates the voices of survivors and service providers through advocacy, training, and support for efforts to create safer communities for all women, men and children.

WHAT IS A PROTECTIVE ORDER & WHAT DOES IT DO?

There are two types of protective orders: a temporary protective order (TPO) and a final protective order (FPO).

- A **temporary protective order** is the initial type of protective order survivors can receive. It protects

against the same kind of harassing behaviors as a final protective order, but it only remains in place until the final protective order hearing.

- A **final protective order** outlines harassing behaviors that cannot continue. It is forwarded to the police department where the survivor lives, as well as where the perpetrator lives. FPOs never expire, and are valid anywhere in New Jersey.

WHO CAN APPLY FOR A PROTECTIVE ORDER UNDER SASPA?

Generally, survivors of sexual violence who are subjected to continued harassing behaviors from their abuser, who do not qualify for a domestic violence restraining order, can apply for a protective order under SASPA.

Survivors can apply for a protective order regardless of if the assault was reported to law enforcement.

If you feel you are in **immediate danger**, contact local law enforcement.

WHY MAY SOMEONE CHOOSE TO APPLY FOR A PROTECTIVE ORDER?

Everyone's situation is unique and requesting a protective order is a decision only the survivor can make. For some, a protective order will end harmful behaviors. Others may feel a protective order could cause a perpetrator to escalate.

Protective order hearings can be stressful – it may not be the right decision for you at this time, or ever. **Every person has the right** to practice self-care and make decisions that are best for their own wellbeing.

▶ be prepared:

While a protective order will discourage many perpetrators from continuing harassing behavior, it is often one piece of a comprehensive plan for safety and well-being. Working with an advocate may help a survivor feel empowered to access other support systems.

HOW DO SURVIVORS APPLY FOR A TEMPORARY PROTECTIVE ORDER?

A person who is seeking a protective order may file in person at the Superior Court in their county. A list of courthouses in New Jersey is available at:

<https://www.njcasa.org/find-a-courthouse/>

The process may take several hours. You will need to provide a *specific and comprehensive* written statement to a hearing officer. Everything included in this statement can be brought up in the protective order hearing(s); anything not included *cannot be referenced in your testimony*.

It's important that the statement comprehensively details abusive or harassing behaviors and is specific. Include actual language the perpetrator used.

📱 example:

Rather than saying, "He texted me a lot," include detail, such as: "He texted me six times in one hour, threatening to release pictures of me."

There are no court fees associated with receiving a TPO. While a lawyer is not necessary to seek a PO, it may be helpful to speak to one or to contact an advocate. Your county-based sexual violence service provider can provide trained advocates to provide additional information, link you with resources, and offer emotional support; **find a program at:**

<https://www.njcasa.org/find-help>

**FOR MORE INFORMATION:
[HTTPS://WWW.NJCASA.ORG/SASPA/](https://www.njcasa.org/saspa/)**



How to File a New Jersey Sexual Assault Survivor Protection Act (SASPA) Complaint Superior Court of New Jersey - Chancery Division - Family Part

****Please be advised this packet is intended to only be used during the COVID-19 crisis.****

Who Should Use This Packet?

This packet should only be used the **first time** you file for a Sexual Assault Survivor Protective Order.

Use this packet if you are:

A victim of nonconsensual sexual contact, sexual penetration, or lewdness, (see definitions on page 3) or any attempt at such conduct, and who does **not** meet the definition of a “domestic violence victim” in the Prevention of Domestic Violence Act (PDVA).

- A victim's parent or guardian may file on behalf of the victim in any case in which the victim:
 - is less than 18 years of age; or
 - has a developmental disability or a mental disease or defect that renders the victim temporarily or permanently incapable of understanding the nature of the victim’s conduct, including, but not limited to, being incapable of providing consent

Do NOT use this packet if:

- You meet the definition of a “victim” under the PDVA - N.J.S.A. 2C:25-19 (d)(a) which is as follows:
 - A person protected by the PDVA includes any person:
 - **Who** is 18 years of age or older, **or** who is an emancipated minor, and who has been subjected to domestic violence by:
 - ❖ Spouse
 - ❖ Former spouse
 - ❖ Any other person who is a present household member or was at any time a household member, or
 - **Who, regardless of age,** has been subjected to domestic violence by a person:
 - ❖ With whom the victim has a child in common, or
 - ❖ With whom the victim anticipates having a child in common, if one of the parties is pregnant, or has been subjected to domestic violence by a person with whom the victim has had a dating relationship.

NOTE: If you are a victim of domestic violence and want to file for a domestic violence restraining order, please contact your local law enforcement agency.

- If you are filing on behalf of a minor child and the person you are filing against is a parent or guardian of the minor child, you cannot file under the Sexual Assault Survivor Protection Act. You must call the Division of Permanency and Protection at: 1-877 NJ ABUSE (1-877-652-2873); TTY/TDD 1-800-835-5510

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and forms will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the forms will be available at the county courthouse or on the Judiciary’s Internet site njcourts.gov. However, you are ultimately responsible for the content of your court papers.

Completed forms are to be submitted to your local Family Division. A list of Family Division Offices can be found on njcourts.gov

Things to Think About Before You Represent Yourself in Court

Try to Get a Lawyer

The law, the proofs necessary to present your case, and the procedural rules governing cases in the Family Division are complex. It is recommended that you make every effort to obtain the assistance of a lawyer. If you cannot afford a lawyer, you may contact the legal services program in your county to see if you qualify for free legal services. Their telephone number can be found online under "Legal Aid" or "Legal Services."

If you do not qualify for free legal services and need help in locating an attorney, you can contact the bar association in your county. The telephone number can also be found in your local yellow pages. Most county bar associations have a Lawyer Referral Service.

The County Bar Lawyer Referral Service can supply you with the names of attorneys in your area willing to handle your particular type of case and will sometimes consult with you at a reduced fee.

There are a variety of organizations of minority lawyers throughout New Jersey, as well as organizations of lawyers who handle specialized types of cases. Ask the Family court staff in your county for a list of lawyer referral services that include these organizations.

What You Should Expect If You Represent Yourself

While you have the right to represent yourself in court, you should not expect special treatment, help or attention from the court. The following is a list of some things court staff can and cannot do for you. Please read it carefully before asking court staff for help.

- We *can* explain and answer questions about how the court works.
- We *can* tell you what the requirements are to have your case considered by the court.
- We *can* give you some information from your case file.
- We *can* provide you with samples of court forms that are available.
- We *can* provide you with guidance on how to fill out forms.
- We *can* usually answer questions about court deadlines.
- We *cannot* give you legal advice. Only your lawyer can give you legal advice.
- We *cannot* tell you whether or not you should bring your case to court.
- We *cannot* give you an opinion about what will happen if you bring your case to court.
- We *cannot* recommend a lawyer, but we can provide you with the telephone number of a local lawyer referral service.
- We *cannot* talk to the judge for you about what will happen in your case.
- We *cannot* let you talk to the judge outside of court.
- We *cannot* change an order issued by a judge.

Keep Copies of All Papers

Make and keep copies for yourself, written agreements, Case Information Statements, and other important papers that relate to your case

Definitions of Court Terms Used in SASPA Cases

Certification - A *certification* is a written statement made to the court when you file papers with the court, swearing that the information contained in the filed papers is true subject to penalty if any statement is willfully false.

Complaint - A *complaint* is a formal document filed in court that starts a case. It typically includes the names of the parties and the issues you are asking the court to decide.

Court Order - A *court order* is the written decision issued by a court of law. For example, a child support court order sets forth how often, how much, and what kind of support is to be paid.

Defendant - the party sued in a civil lawsuit or the party charged with a crime in a criminal prosecution. In some types of cases (such as divorce) a defendant may be called a respondent.

Docket Number - The *docket number* is the identifying number assigned to every case filed in the court.

File - To *file* means to give the appropriate forms to the court to begin the court's consideration of your request.

Intimate Parts - Means the following body parts: sexual organs, genital area, anal area, inner thigh, groin, buttock, or breast of a person.

Lewdness - Means the exposing of the genitals for the purpose of arousing or gratifying the sexual of the actor.

Party - A *party* is a person, business, or governmental agency involved in a court action.

Petitioner - *Petitioner* is another name for the person starting the court action by filing the appropriate papers the court will consider.

Respondent - *Respondent* is the person who is named as the other party in the court action filed by the petitioner. This person can respond to the complaint or application filed by the petitioner by filing a cross application or written response with the court.

Sexual Conduct - Means an intentional touching by the victim or actor, either directly or through clothing, of the victim's or actor's intimate parts for the purpose of degrading or humiliating the victim or sexually arousing or sexually gratifying the actor.

Sexual Penetration - Means vaginal intercourse, cunnilingus, fellatio, or anal intercourse between persons or insertion of the hand, finger, or object into the anus or vagina either by the actor or upon the actor's instruction.

The numbered steps listed below tell you what forms you will need to fill out and what to do with them. Each form should be typed or printed clearly on 8 ½ "x 11" white paper only. Forms cannot be filed on a different size or color paper. Use only the forms included in this packet. Be sure to keep a copy for your records.

Steps for Filing a Complaint

STEP 1: Fill out the Intake Form (Form A)

The Intake form provides your and/or the minor child's demographic information. This information will be kept confidential and will not be shared with the defendant.

STEP 2: Fill out the *Verified Complaint* (Form B)

The *Verified Complaint* is a written request in which you ask the court to establish a court order on your behalf or on a minor child's behalf. The court will establish an order based on testimony of the parties and written documentation submitted.

STEP 3: Additional Information Sheet (FORM C)

This form is provided if you need additional space to type the details of the incident for which you are filing for a protective order.

STEP 4: Provide the court with the most recent address of the other party

If the court grants a temporary order of protection, the court will send a Notice to Appear to the plaintiff and the defendant and any attorney(s) connected to your case when the case is scheduled for a final hearing. Your appearance is **mandatory**.

Note: The other party will receive copies of all the papers you attach (except for the Intake Form) to your complaint with the Notice to Appear, unless court rules prohibit this information from being shared.

You must provide the court with the most current address (that you know of) for the other party and the name of their attorney (if you know it) when you file your complaint.

STEP 5: Check your completed forms and make copies

Check your forms and make sure they are complete. Remove all instruction sheets. Make sure you have signed all the forms wherever necessary.

STEP 6: Submit your completed paperwork

Submit your completed packet through the Judiciary Electronic Document System (JEDS). You may find the link to JEDS here <https://www.njcourts.gov/selfhelp/jeds.html>. In JEDS please select the county where you would like to file your application. You may file your complaint in the county where the conduct or attempted conduct occurred, where the defendant resides, or where you reside or are sheltered.

NOTE:

These applications may only be filed in the Family Division of the Superior Court during normal business hours.

These applications may only be taken at the Superior Court and are not to be accepted at Municipal Courts and/or police departments.

All courthouse addresses can be found on njcourts.gov.

Instructions for Completing the SASPA Intake Form (Form A)

1. Part I of the SASPA Intake form is for the Plaintiff/Victim information. If you are the victim, enter your own information or if you are a parent or guardian enter the minor child's information for the following fields:
 - a. Name
 - b. Social security number
 - c. Date of birth
 - d. Address
 - e. Telephone number
 - f. Cell phone number
 - g. Email Address
 - h. Employer name
 - i. Employer address
 - j. Employer telephone number
 - k. Emergency Contact
 - l. Emergency Contact telephone number

2. If you are filing on behalf of a minor child, enter complete the following fields on the second portion of the intake form under Parent/Guardian section.
 - a. Name
 - b. Relation to the child
 - c. Social security number
 - d. Date of birth
 - e. Address
 - f. Telephone number
 - g. Cell phone number
 - h. Email Address
 - i. Employer name
 - j. Employer address
 - k. Employer telephone number

NOTE: The Intake Form (FORM A) will be kept confidential and will not be given to the other party/defendant.

Instructions for Completing a Verified Complaint (Form B)

- A. Leave the *Docket Number* blank. The court will provide this number for you.
- B. On the right side of the form, enter the *County* where you are filing the application.
- C. Enter your name or the minor's name, if you are filing a complaint on the behalf of a minor child, in the space marked "*Plaintiff/Victim*".
- D. If you are filing on behalf of a minor child, enter your name in the space marked "*Plaintiff/Parent/Guardian*".
- E. Enter your date of birth or the minor's date of birth in the space marked "*Plaintiff/Victim's Date of Birth*".
- F. Enter your date of birth if you are filing on behalf of a minor child in the space marked "*Plaintiff/Parent/Guardian Date of Birth*".
- G. On the right side of the form, enter the defendant's description if known in the following fields:
 - a. Defendant's sex
 - b. Defendant's race
 - c. Defendant's date of birth
 - d. Defendant's height
 - e. Defendant's weight
 - f. Defendant's eye color
 - g. Defendant's hair color
 - h. Any distinguishing features that the defendant may have such as scars, tattoos, facial hair etc.
 - i. Defendant's driver's license number and the state it was issued if known.
- H. Enter the Defendant's name in the space marked "*Defendant Information: Name*".
- I. Enter the Defendant's "*home and cell phone number*", "*work phone number*", "*social security number*" "*e-mail address*" and "*home and work address*" in the appropriately marked spaces on the form.
- J. Enter the date the defendant committed the act in the space marked "*ON (Date)*".
- K. Enter the time the defendant committed the act in the space marked "*AT (Time)*".
- L. Enter the details of the act(s) the defendant committed in the space marked "*BY (Details)*". You can continue to use as many lines as necessary to state the exact details of the act(s) the defendant committed against you or minor child.
- M. Check off the act or acts the defendant committed: "*Sexual Contact, Sexual Penetration, Lewdness*". See definitions of each act in the definitions section of this packet.
- N. Answer "*Yes*" or "*No*" on Question 1 regarding prior or pending court proceedings involving yourself, if

you are the plaintiff/victim, or the minor plaintiff/victim, and the defendant in this complaint. If you select "Yes", enter the title of the case, the docket number and the county and state where the case is being heard.

- O. Answer "Yes" or "No" on Question 2 regarding whether a criminal complaint has been filed in this matter. If you select "Yes", enter the date, docket number and the county and state where the case is being.
- P. The form must have the signature of the party filing the complaint. If you cannot scan a signed copy of this document, please type your name in the signature line.



New Jersey Judiciary
Sexual Assault Survivors Protection Act (SASPA)
Intake Form

To assure accuracy of court records – To be filled out by the Plaintiff or Attorney
Confidentiality of this information must be maintained

Please complete the entire form, leaving no blank spaces. If something does not apply to you, enter "N/A". This form is confidential and will not be shared with the other party.

I. Victim Information

Name: Last	First	Middle Initial
Social Security Number	Date of Birth	
Address: Street	City	State Zip Code
Telephone Number	Cell Phone Number	
Email Address		
Employer Name		
Employer Address: Street	City	State Zip Code
Employer Telephone Number		
Emergency Contact Name	Emergency Contact Telephone Number	

II. Parent/Guardian Information

Name: Last	First	Middle Initial
Relation to the Child	Social Security Number	Date of Birth
Address: Street	City	State Zip Code
Telephone Number	Cell Phone Number	
Email Address		
Employer Name		
Employer Address: Street	City	State Zip Code
Employer Telephone Number		
Emergency Contact Name	Emergency Contact Telephone Number	

III. Hearing Information

Will an interpreter be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate language: _____		
Will an accommodation for a disability be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate requested accommodation: _____		

New Jersey Sexual Assault Survivor Protection Act Complaint _____ County, Superior Court,
Chancery Division, Family Part

Docket Number FV -		Defendant's Sex	Defendant's Race	
Plaintiff/Victim	Plaintiff/Victim's Date of Birth		Date of Birth	Height
Plaintiff/Parent/Guardian of Minor Plaintiff/Victim		Eye Color		Weight
Plaintiff/Parent/Guardian of Minor Plaintiff/Victim Date of Birth		Distinguishing Features (Scars, Facial Hair, Etc.)		
Defendant Information: Name				
Home Phone Number	Work Phone Number	Defendant's Social Security Number		
Cell Phone Number:	Email Address:		Driver's License Number	State
		Driver's License Expiration Date		

Home Address _____

Work Address _____

The undersigned complains that said defendant did commit the following act(s):

ON (Date)	AT (Time)	BY (Details)

The above constitute(s) the following criminal offenses(s): (Check all applicable boxes – see page 3 of instructions):

- Sexual Contact Sexual Penetration Lewdness
 Attempted Sexual Contact Attempted Sexual Penetration Attempted Lewdness

1. Any prior or pending court proceedings involving this plaintiff/victim and defendant? (If Yes, enter docket number, court, county, state) Yes No

2. Has a criminal complaint been filed in this matter? (If Yes, enter date, docket number, court, county, state) Yes No

If yes, was a Restraining Order granted? Yes No

Certification by Parent/Guardian

I, _____ am the parent or legal guardian of minor victim, _____ and am filing this complaint on their behalf. The minor victim is not present for the following reason(s):

Certification by Plaintiff/Victim

I certify that the foregoing responses made by me are true. I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.

_____ Date _____ Signature



New Jersey Judiciary
Family Practice Division
Additional Information Sheet

Full Name: _____

Date: _____

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Date

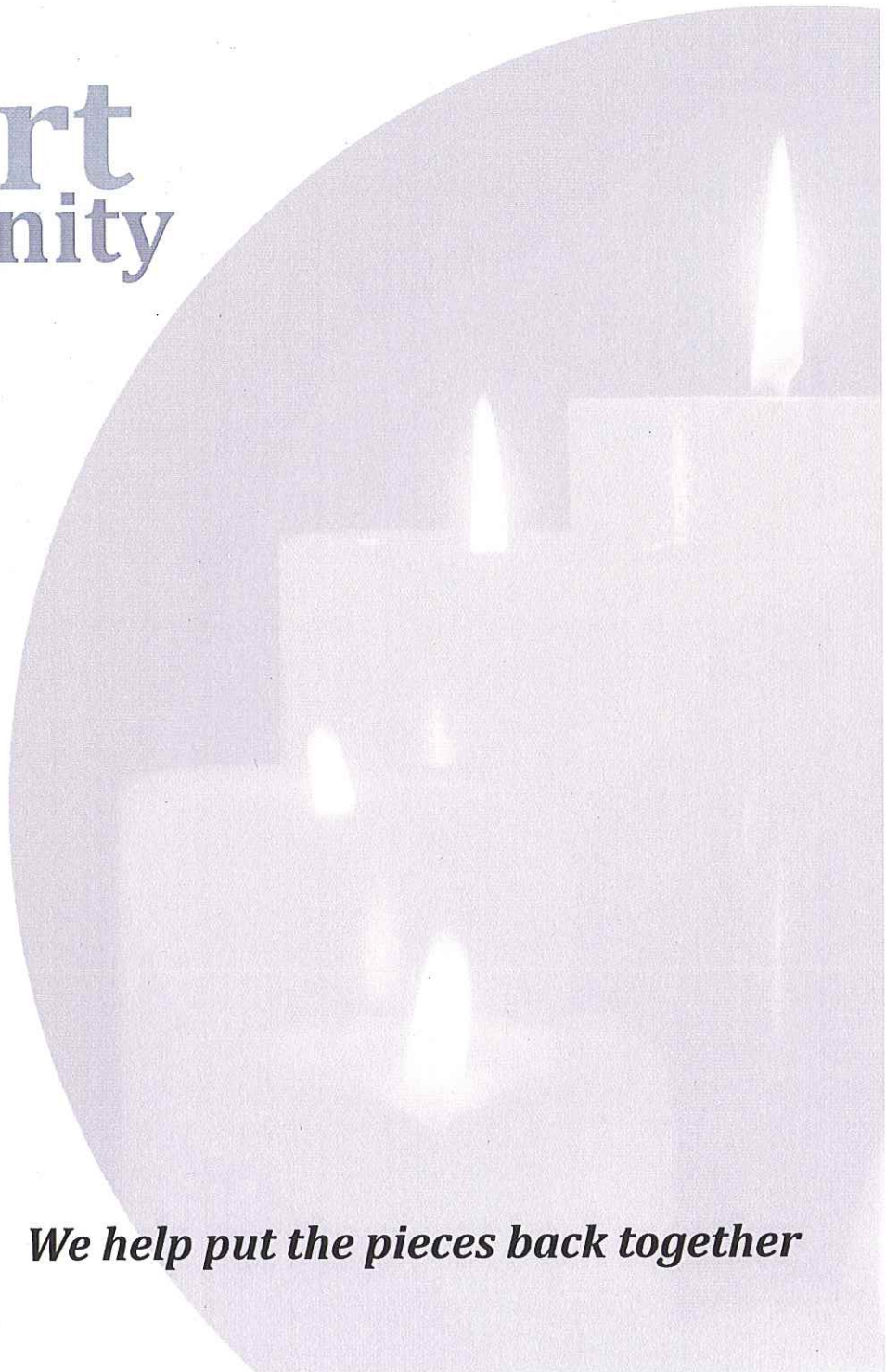
Signature Plaintiff/Counterclaimant



NEW JERSEY
VICTIMS OF CRIME COMPENSATION OFFICE

Claim Application and Instructions *(effective.8.1.20)*

caring
support
dignity
help
respect



We help put the pieces back together



NJ VICTIMS OF CRIME COMPENSATION OFFICE

Claim Information and Application Instructions

New Jersey Victims of Crime Compensation Office (VCCO) compensates victims of crime for losses and expenses resulting from certain criminal acts. For your convenience, below are the most frequently asked questions. However, we urge you to visit our website for more information at www.njvictims.org. You can also contact your Victim/Witness Coordinator which is located in each County Prosecutor's Office. A link to those offices is on the VCCO website.

What crimes are covered?

The crimes covered include but are not limited to, assault, homicide, sexual assault, kidnapping and all domestic violence incidents.

How much help can I get from the New Jersey Victims of Crime Compensation Office (VCCO)?

The VCCO can award up to \$25,000* for all expenses. However, many types of benefits have caps. Examples of expense types and the respective caps for some of them are:

- Emergency relocation costs \$3,000
- Care of child or dependent \$6,500
- Mental Health counseling \$20,000
- Funeral expenses \$7,500
- Attorney fees \$10,000
- Loss of earnings or support
- Victim rights in criminal proceedings.
- Hospital, physician and physical therapy
- Attorney fees for assistance in filing a claim and representing you in the appeal process.

How do I qualify for assistance?

If you are a victim or claimant (person filing for a victim or dependents of the victim) you must show that:

- Crime is eligible under the statute.
- You are a resident of the State of New Jersey or the crime occurred in this State.
- You have compensable financial losses as a result of the criminal act.
- The crime was reported to law enforcement within 9 months, and you submitted this application within 5 years from the date of the crime. Consideration will be taken if "good cause" exists for delayed filing.
- You cooperated with police and prosecutor's office. However, eligibility is not dependent upon conviction or prosecution of the offender.
- Insurance and other payment sources such as restitution paid by the offender will not cover the bills submitted.
- With the exception of homicide cases, you did not contribute to your injuries, provoke the incident, and were not responsible for or participated in the crime that caused your injuries.
- You do not have any outstanding VCCO assessments imposed for convictions.
- You do not have any outstanding warrants for indictable offenses or pending criminal charges in Superior Court.

What common losses are not covered?

- Property damage or loss, except crime scene clean up.
- Pain and suffering.

**Additional \$35,000.00 can be awarded for catastrophic benefits for victims with permanent disabilities.*

NJ VCCO Claim Application Instructions

- Please read the instructions prior to starting the application. Include copies of as much related information (i.e. copies of itemized receipts, bills, insurance statements) as you have. The more information we have now, the sooner your application can be processed. However, you can always forward additional information at a later time.
- The Agency will send you a confirmation letter. Please be aware that if you are submitting your application through another Agency, there will be a delay in the VCCO receiving it.
- In addition to calling to obtain status, you can also email us at njvictims@njvictims.org.
- If you moved or if your phone number changes, please let us know.
- Due to the high volume of the claims we receive and according to the law, the turn around time for processing a claim is 3 months of receipt of all documentation.
- The key to processing the claim expeditiously is receipt of all documentation from you, the hospitals, doctors, law enforcement, employers, governmental agencies, etc.

Where can I get help with this application?

Contact your County Office of Victim/Witness Advocacy or the VCCO at:

Phone: (877) 658-2221

Phone: (973) 648-2107

Fax: (973) 648-3937

www.NJVictims.org

njvictims@njvictims.org

Mail all applications to Newark office at:

VCCO

50 Park Place, 5th floor
Newark, NJ 07102

SECTION 1:

Victim Information (Required Section)

Print the name of the person injured at the crime scene. This should be the same person listed as the "Victim" on the law enforcement report. Complete the rest of this section with information about the victim.

SECTION 2:

Claimant Information (Required Section)

Print the name of the person applying for compensation if different than the victim. This person may also be the adult assuming responsibility for the crime related bills or the financially responsible person (e.g. parent, guardian, spouse) of a minor, incapacitated or incompetent person injured as a result of the crime.

SECTION 3:

Additional Information

Print the name of a person that the VCCO may contact if we are unable to reach you.

SECTION 4:

Crime Information (Required Section)

Print details about the crime here. Attach a copy of the incident report. If you don't have one, the VCCO will request one from the police and/or prosecutor. The law enforcement incident report on the crime is necessary to determine your eligibility and process the claim.

SECTION 5:**Services Requested** (Required Section)

Please review the possible benefits available and select which services are being requested. Supporting documentation will be requested for each benefit that is selected.

SECTION 6:**Insurance Information** (Required Section)

If you have insurance that may cover some of your crime-related bills, list your insurance information here.

SECTION 7:**Medical/Counseling Providers**

List the names of doctors, hospitals and others who have provided services. If you already have itemized bills, please send copies with your application.

SECTION 8:**Employment Information**

List your job information if you have not been able to work because of crime-related injuries or to take care of someone with crime related injuries.

SECTION 9:**Dependent Information**

In an incident of homicide, list the victim's dependents who depended upon the victim for support.

SECTION 10:**Attorney Information**

Complete this section if you hired a lawyer to represent you in this claim, assist you in court, settle an insurance claim or file a lawsuit related to this crime.

SECTION 11:**Referral Source Information**

Print the name of the victim advocate or other professional who assisted you with this application.

SECTION 12:**Legal Responsibility and Signature**

(Required Section)

This application is a legal document that must be read and signed by the adult Claimant.

SECTION 13:**Authorization to Obtain Records**

(Required Section)

This Authorization to Obtain Records is necessary to obtain information from your doctors, hospital, employer, police and prosecutor, so that the VCCO can process your claim.

SECTION 14:**Assignment of Interest** (Required Section)

This is a legal agreement that must be signed in order for the VCCO to pay compensation to you.

SECTION 15:**Authorization for Release of Information Under the Health Insurance Portability and Accountability Act** (Required Section)

This authorization is necessary to obtain information from your health care providers under federal law. It must be completed, signed and dated in order for the VCCO to process your claim.

SECTION 16:**Section to Provide Additional Details**

(If Needed)



New Jersey Office of the Attorney General
Victims of Crime Compensation Office

877-658-2221 • www.NJVictims.org • njvictims@njvictims.org



FOR OFFICIAL USE ONLY

Application No. _____

Claim No. _____

Death Personal Injury

Claim Application

SECTION 1: VICTIM INFORMATION

The victim is the same person listed as a victim on the crime incident report. *(complete a separate application for each victim)*
 The claimant is the person applying for compensation. Do not complete SECTION 2 if the victim is the claimant.

Mr. Mrs. Ms. Mx. *(Choose One)*

Full Legal Name of Victim _____
Last Name *First Name* *Middle Initial*

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

Check if Victim is: Deceased (date of death ____ / ____ / ____) Under 18 Incompetent Disabled

Home Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

Sex: Male Female Undesignated/Non-Binary

Race/Ethnicity: Asian African American American Indian/Alaska Native
 Latino Middle Eastern Native Hawaiian/Pacific Islander
 Caucasian Multiple Races _____ Other _____

Marital Status: Single Married Divorced Separated Widowed

SECTION 2: CLAIMANT INFORMATION

Claimant Definition: "Claimant" means the person applying for compensation, who may or may not be the victim of the crime that forms the basis for the claim application for compensation. Do not complete this section if you are the victim stated above.

Mr. Mrs. Ms. Mx. *(Choose One)*

Full Legal Name of Claimant _____
Last Name *First Name* *Middle Initial*

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

The Claimant is the Victim's Spouse Parent Sibling Child Other _____

Home Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

SECTION 3: ADDITIONAL CONTACT

A person that the Victim/Claimant is comfortable with the VCCO reaching out to if the Victim/Claimant is not available.

Name _____

Relationship Parent Sibling Friend Attorney Therapist Other _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

SECTION 4: CRIME INCIDENT INFORMATION

If available, attach a copy of the following: police report, incident report, TRO, FRO, etc.

Date of Crime ____ / ____ / ____ Date Reported ____ / ____ / ____

Name as it Appears on Incident Report _____

Name of Law Enforcement Agency _____

Location/Address of Crime _____

City _____ County _____ State _____ Zip Code _____

Police Complaint Number _____ Prosecutor's File Number _____

- Type of Crime
- | | | | |
|----------------------------------|--------------------------------------|---|--|
| <input type="radio"/> Arson | <input type="radio"/> Kidnapping | <input type="radio"/> Aggravated assault | <input type="radio"/> Indecent acts with children |
| <input type="radio"/> Bias crime | <input type="radio"/> Manslaughter | <input type="radio"/> Human trafficking | <input type="radio"/> Lewd, indecent or obscene acts |
| <input type="radio"/> Burglary** | <input type="radio"/> Robbery | <input type="radio"/> Domestic violence | <input type="radio"/> Disorderly conduct offenses |
| <input type="radio"/> Murder | <input type="radio"/> Sexual assault | <input type="radio"/> Motor vehicle offenses** | |
| <input type="radio"/> Stalking | <input type="radio"/> Simple assault | <input type="radio"/> Threats to do bodily harm | |

Brief Description of Incident and Your Injuries: _____

Name(s) of Offender(s), if known: _____

Relationship to Offender(s), if any: _____

Was the victim living in the same household with the offender at the time of the crime? Yes No

Has restitution been ordered? Yes No

Did you file a police report within 9 months? Yes No*

Is this claim filed within 5 years of the crime? Yes No*

* If you answer "No" to either of the above two questions, you must provide the Agency with legitimate reasons showing "good cause" for your failure to file timely reports. (See Section 16A or B for space to provide reasons). **Certain conditions apply

SECTION 5: SERVICES REQUESTED

Please select which service(s) are being requested. Depending on the services selected, additional information may be required.

- Medical:** Medical expenses directly related to a crime related injury and not totally covered by insurance or charity care.
- Counseling:** Mental health counseling expenses related to the incident and not covered by insurance. The maximum allowance for counseling expenses is as follows: Homicide Survivor \$20,000, Injured victim \$20,000, Secondary victim(s) \$7,000, Group Counseling \$50 a session per victim.
- Dental:** Dental expenses directly related to a crime related injury and not totally covered by insurance.
- Prescription:** Prescription expenses directly related to a crime related injury and not totally covered by insurance.
- Relocation:** The maximum allowance for relocation assistance is \$3,000. The VCCO may consider relocation expenses where there is a need to protect the health and safety of the victim and/or their family. The Office may consider expenses such as the security deposit payable directly to the landlord, temporary shelter, moving services, monthly rental and mortgage cost differential, first month's rent, one month's rent if relocation occurred within one year of filing the application and/or personal expense items deemed reasonable and necessary.
- Funeral:** The maximum allowance for funeral expenses is \$7,500. The office may consider expenses such as the funeral costs, flowers, repast expenses, cemetery costs and grave markers/headstones.
- Transportation to Funeral:** \$500 per person with a maximum reimbursement of \$3,000. This may include air fare or railroad expenses.
- Loss of earnings (victim):** Loss of earnings to a victim that were incurred directly due to the crime related injury while in a no pay status. The VCCO cannot consider reimbursement if the victim was paid through accrued vacation or sick time. Maximum loss of earnings considered is \$600 per week with a maximum of 104 weeks.
- Loss of earnings (claimant):** When the claimant was employed at the time of the incident, but missed time from work for having to care for the victim as a result of their injuries. The VCCO cannot consider reimbursement if the claimant was paid through accrued vacation or sick time. Maximum loss of earnings considered is \$600 per week with a maximum of \$7,000.
- Loss of support (homicide claim):** Loss of support may be considered when the victim was supporting the claimant/household at the time of their death. Maximum loss of support to be considered is \$600 per week not to exceed 48 months.
- Loss of support (from the offender):** Loss of support may be considered where it can be determined the offender was supporting the household prior to the incident and is now incarcerated, a fugitive or has ceased providing support due to the incident. Maximum loss of support considered is \$600 per week not to exceed 48 months.
- Stolen cash reimbursement:** (Senior citizen or permanently disabled persons only) VCCO may reimburse cash (minimum \$50) stolen directly from the person of an eligible crime victim where the monetary loss was reported to police. Maximum reimbursement is \$1,000.

SECTION 5: SERVICES REQUESTED *continued*

- Attorney fees** (victims' rights in certain criminal and/or civil proceedings that are directly related to the VCCO claim): VCCO can assist with certain fees when the representation is related to the criminal matter upon which the claim is based. Attorney fees are payable at \$275 per hour not to exceed \$10,000 maximum allowance.
- Attorney representation with filing claim:** Attorney fees payable at \$275 per hour or 15% of the total award whichever is less.
- Domestic help:** VCCO may reimburse domestic help expenses arising as a direct result of the crime. Domestic help may include housecleaning, laundry, cooking, companionship and other services related to providing day to day living support for the victim. Maximum reimbursement is \$6,500.
- Day care services:** VCCO may reimburse child care or day care expenses for a minor child (14 years old or less) or for an adult where the need for such services is a direct result of the crime. Maximum reimbursement is \$6,500.
- Medical equipment:** VCCO may reimburse reasonable charges for reasonably needed products such as wheelchairs, braces, splints, crutches, walkers and other personal adaptive equipment required to meet the victim's disability needs.
- Medically related transportation:** VCCO may reimburse transportation costs for the victim's visits to treating physicians and other health care facilities. Maximum reimbursement is 31 cents per mile not to exceed \$10 per day and \$3,000 total.
- Crime Scene Clean up:** VCCO may compensate the reasonable and necessary costs for the cleaning of a victim's residence and/or personal vehicle where the injurious crime occurred or where the direct costs have become the direct victim or claimant's financial responsibility. Compensation includes the actual clean-up costs, reasonable replacement value of bedding, carpeting, doors, windows, locks or furniture which has been rendered damaged or useless as a result of the crime or the collection of evidence. Maximum allowance for crime scene clean-up shall not exceed \$4,000 in the aggregate.
- Bereavement:** Loss of earnings may be paid to members of the victim's family for funeral attendance and bereavement for a period of no more than two weeks. Maximum loss of earnings to be considered is \$600 per week.
- Court Attendance:** Loss of earnings may be paid to victims and secondary victims for court attendance. Maximum loss of earnings to be considered is \$600 per week with a maximum allowance of \$7,000 for all secondary victim expenses.
- Court Attendance transportation:** VCCO may reimburse transportation costs for the victim/claimant's court attendance. Maximum reimbursement is 31 cents per mile not to exceed \$10 per day and \$3,000 total.

Supplemental Compensation for Catastrophically Injured (CAT): A catastrophically injured crime victim is defined as a person who has been determined by the Office to have sustained a severe long-term or life-long injury. Compensation for loss of earnings, loss of support, property damage and pain and suffering is excluded from catastrophic injury compensation. The VCCO may make one or more supplemental awards solely for the purpose of providing rehabilitative assistance and services to direct victims who have been catastrophically injured.

- Please check if you believe you may meet these criteria and wish to apply for CAT assistance.

SECTION 6: HEALTH INSURANCE/BENEFITS INFORMATION

Please identify any Health and/or Automobile Insurance coverage. The insurance information provided may be used to notify a provider of medical services that there is another source of payment before the VCCO can consider compensation in accordance with N.J.A.C. 13:75- 1.19.

MEDICAL INSURANCE Yes No

Carrier _____

Policy No. _____

SECONDARY MEDICAL INSURANCE Yes No

Carrier _____

Policy No. _____

DENTAL INSURANCE Yes No

Carrier _____

Policy No. _____

AUTOMOBILE INSURANCE Yes No

Carrier _____

Policy No. _____

If neither the victim nor the offender has auto insurance, and the incident involves a motor vehicle, then the claimant must apply to the New Jersey Property Liability Insurance Guaranteed Association (NJPLIGA) within 180 days from the date of the incident.

Have you applied to NJPLIGA? Yes No

WORKER'S COMPENSATION Yes No

HOME OWNER'S/RENTER'S INSURANCE Yes No

Carrier _____

Policy No. _____

Charity Care Yes No Date of charity care application ____ / ____ / ____

If you checked no, VCCO is the payer of the last resort, the victim's/claimant's primary insurance or charity care will come first. Please apply for charity care at the hospital where the victim was treated.

SECTION 7: MEDICAL/COUNSELING PROVIDERS

Hospital/Doctor Name _____

Date(s) of Treatment _____

Address _____

Phone Number _____

Hospital/Doctor Name _____

Date(s) of Treatment _____

Address _____

Phone Number _____

Hospital/Doctor Name _____

Date(s) of Treatment _____

Address _____

Phone Number _____

SECTION 8: LOST WAGES/SUPPORT INFORMATION

Complete if you have lost time from work because of your injuries or to take care of an injured victim.
(If more than one employer, please attach additional sheets)

Victim loss of Earnings Claimant Loss of Earnings Loss of Support

Employee Name _____

Company Phone (_____) _____ - _____ Company Fax (_____) _____ - _____

Company/Business Name _____

Company/Business Address _____

City _____ County _____ State _____ Zip Code _____

Dates absent from work due to crime related injuries: ____ / ____ / ____ to ____ / ____ / ____

Did the incident occur while on the job? Yes No

If injured on the job, does your employer have Worker's Compensation? Yes No

Have you applied for State/ Private Disability or Family Leave for reimbursement for lost wages? Yes No
If YES, supply all notices received from State/Private Disability or Family Leave.

Is your household losing income/paychecks due to the crime? Yes No

Are you missing work to care for the victim? Yes No

If available, please supply your pay stubs from the week before the crime, the week you returned to work and a letter from your doctor stating your period of disability.

If you are self-employed, you must supply copies of your income tax returns and business tax returns for the last 2 years before the crime.

Loss of support may be awarded for dependents of homicide victims. Please supply copies of the victim's income tax returns for the last three years.

SECTION 9: DEPENDENT INFORMATION

Tell us about the victim's dependents or others who depended on the victim for support. (If none, skip to section 10)

Dependent Name _____ Relationship to Victim _____

Address _____ Date of Birth ____ / ____ / ____

Social Security Number _____ - _____ - _____ Are you the legal guardian? Yes No

Dependent Name _____ Relationship to Victim _____

Address _____ Date of Birth ____ / ____ / ____

Social Security Number _____ - _____ - _____ Are you the legal guardian? Yes No

Dependent Name _____ Relationship to Victim _____

Address _____ Date of Birth ____ / ____ / ____

Social Security Number _____ - _____ - _____ Are you the legal guardian? Yes No

Is there anyone else who depended upon the victim for court ordered support? Yes No

SECTION 10: ATTORNEY INFORMATION

A. Type of representation: VCCO Application Civil Suit Victim rights in criminal matters/criminal proceedings

Name of Attorney _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone (_____) _____ - _____

B. Type of representation: VCCO Application Civil Suit Victim rights in criminal matters/criminal proceedings

Name of Attorney _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone (_____) _____ - _____

C. I intend to file a lawsuit at a later date Yes No

SECTION 11: REFERRAL INFORMATION

Who referred you to the VCCO? Police Friend/Relative Prosecutor Victim Witness Coordinator
 Hospital Funeral Home Domestic Violence/Rape Crisis Center Brochure/Poster Internet
 Medical professional Other _____

SECTION 12: LEGAL AUTHORIZATION AND SIGNATURE

*This is a legal document which must be signed by an adult.**

Program Qualification:

I understand that I am responsible for all bills and the compensation program is designed to pay certain costs not covered by another source. Submitting this application does not entitle me to benefits.

Reimbursement:

I agree to repay the VCCO if I receive money from another source up to the amount paid on my behalf. This includes any payment I may receive from the offender, any insurance policy or settlements, judgments, or civil law suits.

I have provided accurate and truthful information to the best of my knowledge, information and belief. I have not knowingly withheld, concealed or misrepresented any information that would have a material bearing on my eligibility for benefits or compensation. I understand that if any of the information I have provided is knowingly false, I may be subject to civil and criminal punishment.

X _____ Date _____

Signature of Victim/Claimant

** Legal representative must sign if the victim is under 18, legally declared incompetent or deceased.*

SECTION 13: AUTHORIZATION TO OBTAIN RECORDS

I, _____, authorize the NJ Victims of Crime Compensation Office (VCCO) or its agent, representative or bearer to inspect, review and make copies, including photostatic copies, of all medical records and records pertaining to employment, earnings, income or grant from any agency, attendance and any other records pertaining to or related to employment or economic assistance, and police and prosecutors reports necessary to determine qualification for my claim for compensation. Photocopies of this authorization will be considered as valid as the original.

X _____ Date _____
Signature of Victim/Claimant

Legal representative must sign if the victim is under 18, legally declared incompetent or deceased.

SECTION 14: ASSIGNMENT OF INTEREST

I, _____, understand that New Jersey law requires me to reimburse the NJ Victims of Crime Compensation Office (VCCO) for any monies I may receive from other sources. I shall contact the VCCO upon receipt of such additional monies from the offender, civil law suit, restitution, insurance program, or any other governmental or private agency.

I further assign and give to the VCCO the right to be directly reimbursed for two-thirds of the VCCO's award to me from the proceeds of any civil law suit I have started or will start arising out of this incident.

I also assign and give to the VCCO the right to be reimbursed from Probation, the Juvenile Justice Commission, the Department of Corrections for the amount to be paid to me in the way of restitution ordered by the court in any criminal proceedings related to the incident. Reimbursement to the VCCO shall be limited to expenses for which the VCCO has awarded compensation to me.

I certify that I am signing this Assignment of Interest freely and voluntarily. I understand that this Assignment must be signed in order to receive compensation. I further certify that if at any time I initiate a civil lawsuit, I will provide a copy of this Assignment of Interest to my attorney with the instruction that my attorney is bound by its terms. I understand that the VCCO is relying in good faith on this Assignment in order to pay compensation to me.

X _____ Date _____
Signature of Victim/Claimant

Legal representative must sign if the victim is under 18, legally declared incompetent or deceased.

SECTION 15: AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Patient's Name _____ Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____ Phone (____) _____ - _____

Address _____

City _____ County _____ State _____ Zip Code _____

I authorize the use and disclosure of health information about me as described below

Facility authorized to release my health information: _____

Agency or individual(s) authorized to receive my health information: NJ Victims of Crime Compensation Office

Health information that may be used/disclosed is limited to the following:

- Discharge Summary
 History & Physical
 Consultation(s)
 Lab
 Operative Notes(s)
 Pathology Report
 Imaging/X-ray
 Entire Record
 Other (specify) _____

Health information that may be used/disclosed is limited to the following treatment dates: _____

Health information to be released to the above named agency/individual is to be used/disclosed for the following purpose(s) (include Research or Marketing, if appropriate): To determine the amount of compensation the patient is entitled to receive, including the payment of any outstanding bills for services rendered by the facility to the patient.

Health information identifies you (the patient) by name, and includes other demographic information about you. Health information may include, but is not limited to: medical records, x-ray films, slides, tracings, strips, etc. I hereby discharge the releasing facility its agents and employees from any and all liabilities, responsibilities, damages and claims which might arise from the release of information authorized herein, to include alcohol, drug abuse, communicable disease including HIV status, and/or psychiatric diagnoses compiled during my visit, encounter or hospitalization, or make copies thereof in accordance with the policies of this facility.

Protected Health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by this privacy rule. If research-related Health information is used or disclosed for continued research purposes, an expiration date or event does not apply.

This authorization shall be valid for the entire duration of the processing of my compensation claim at the NJVCCO and shall terminate at such time the NJVCCO has rendered a final decision for my compensation benefits. I understand that I have a right to revoke this authorization at any time, in writing, as stated in the Notice of Privacy Practices, except where the facility has already made disclosures in reliance upon my prior authorization.

Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining an authorization if the Health Insurance Portability Accountability Act prohibits such conditioning. If conditioning is permitted, refusal to sign the authorization may result in denial of care or coverage.

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with Health Insurance Portability and Accountability Act (HIPPA) privacy regulations.

Patient's or Authorized Personal Representative's Signature X	Date	Time <input type="radio"/> A.M. <input type="radio"/> P.M.
Relationship to Patient / Authority to Act on Patient's Behalf	Interpreter, if Utilized	
Witness Signature X	Expiration Date or Event	

SECTION 16: ADDITIONAL INFORMATION

A: _____

B: _____



New Jersey Office of the Attorney General
Victims of Crime Compensation Office

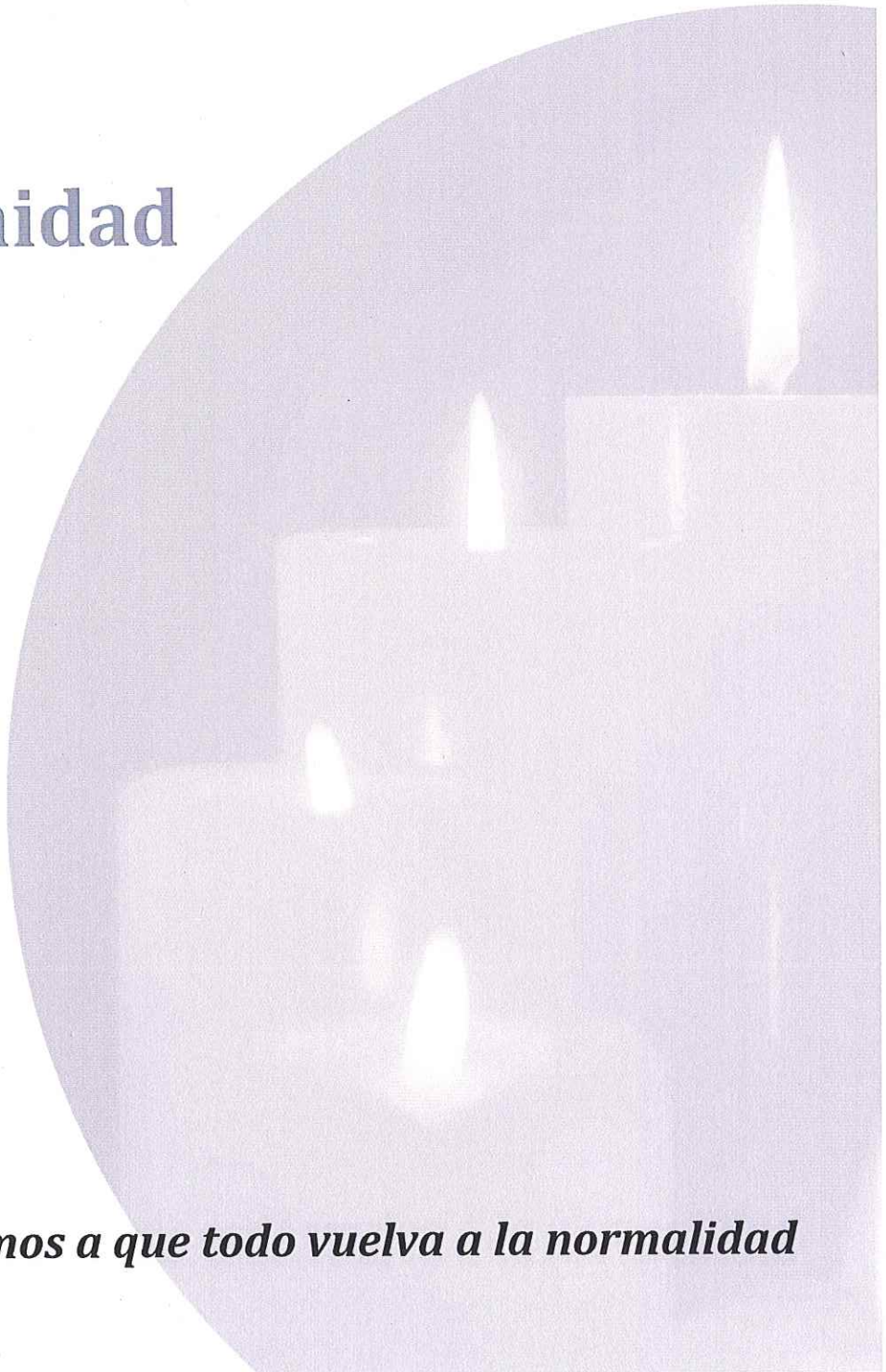
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NEW JERSEY
OFICINA DE COMPENSACIÓN PARA VÍCTIMAS DEL CRIMEN

Solicitud de reclamo e instrucciones *(vigente.8.1.20)*

cuidado
apoyo
dignidad
ayuda
respeto



Ayudamos a que todo vuelva a la normalidad



OFICINA DE COMPENSACIÓN PARA VÍCTIMAS DEL CRIMEN DE NEW JERSEY

Información de reclamos e instrucciones para la solicitud

La Oficina de Compensación para Víctimas del Crimen (VCCO, por sus siglas en inglés) de Nueva Jersey compensa a las víctimas de un crimen por las pérdidas y los gastos resultantes durante la comisión de ciertos actos delictivos. Para su conveniencia, a continuación encontrará las preguntas que se presentan con más frecuencia. Sin embargo le pedimos visitar nuestro sitio web en www.njvictims.org para mayor información. Además puede contactar al Coordinador de Víctimas/Testigos, localizado en cada oficina del Procurador del Condado. Un enlace para esas oficinas está localizado en el sitio web de la VCCO.

¿Qué crímenes están cubiertos?

Los crímenes que cubre incluyen pero no se limitan a, agresión, homicidio, agresión sexual, secuestro y todos los incidentes relacionados con la violencia doméstica.

¿Cuánta ayuda puedo obtener de la Oficina de Compensación para Víctimas del Crimen (VCCO) de New Jersey?

La VCCO puede otorgar hasta \$25,000* por todos los gastos. Sin embargo, muchos tipos de beneficios tienen límites. Ejemplos de diferentes gastos y de sus respectivos límites:

- Reubicación de emergencia \$3,000
- Pérdida de ingresos o manutención
- Cuidado de niño o dependiente \$6,500
- Derechos de víctimas en procesos penales
- Consejería de Salud Mental \$20,000
- Gastos médicos, de hospitales y de terapia física
- Gastos de Funeral \$7,500
- Cuotas de Abogado para ayudarle a entablar una demanda y al representarle en el proceso de la apelación.
- Cuotas de Abogados \$10,000

¿Cómo califico para recibir asistencia?

Si usted es la víctima o solicitante (persona que presenta la solicitud de parte de la víctima o de parte de los dependientes de la víctima) usted debe probar que:

- El delito es elegible bajo la ley.
- Usted es residente del Estado de Nueva Jersey o que el delito ocurrió en este estado.
- Usted sufrió pérdidas económicas indemnizables como resultado del acto penal.
- El delito fue reportado a las agencias del orden público dentro de un plazo de 9 meses, y usted presentó esta solicitud dentro del plazo de 3 años desde la fecha del delito. Se tomará consideración al presentar una solicitud tardía si existe justificación suficiente para ello.
- Usted coopero con la Policía y con la Oficina del Procurador. Sin embargo, su elegibilidad no depende de una condena o del enjuiciamiento del ofensor.
- El seguro y otras fuentes de pago tales como la restitución que haya pagado el ofensor no logran cubrir el monto de las facturas que se han presentado.
- Con la excepción de casos de homicidio, usted no contribuyó a sus lesiones, provocó el incidente, y no es responsable por ni participó en el delito que le causó sus lesiones.
- No tiene ninguna multa de VCCO aún pendiente que pagar por alguna condena.
- Usted no tiene ninguna orden de arresto pendiente por ofensas procesables ni tiene cargos

¿Qué pérdidas comunes no están cubiertas?

- Daño a propiedad o pérdidas, excepto la limpieza a un lugar del crimen.
- Dolor y Sufrimiento.

*Otros más \$35,000.00 se pueden otorgar para beneficios catastróficos a víctimas con discapacidades permanentes.

Instrucciones para la solicitud de reclamo a la VCCO de New Jersey

- Por favor lea las instrucciones antes de empezar la solicitud. Incluya copias de toda la información relacionada (ej. copias de facturas detallados, cuentas, estados de cuentas de seguros) que usted tenga. Cuanta más información tengamos ahora, lo antes que podrá procesarse su solicitud. Sin embargo, siempre puede enviarnos información adicional después.
- La agencia le enviara una carta de confirmación. Por favor sepa que si usted está presentando su solicitud a través de otra agencia, se retrasará en que la reciba la VCCO.
- Además de llamarnos para averiguar cómo va su reclamo, también puede enviarnos un correo electrónico a njvictims@njvictims.org.
- Si se ha mudado o si cambia su número de teléfono, favor de notificarnos.
- Debido a la gran cantidad de reclamos que recibimos y de acuerdo con la ley, el tiempo que tarda procesar un reclamo es de 3 meses luego de haber recibido todos los documentos de prueba.
- La clave para poder procesar el reclamo rápidamente es el haber recibido todos sus documentos, de los hospitales, doctores, agencias del orden público, patronos, agencias gubernamentales, etc.

¿Dónde puedo obtener ayuda con esta solicitud?

Comuníquese con la Oficina de Defensa de Víctimas/Testigos de su condado o con la VCCO de las siguientes formas:

Teléfono: (877) 658-2221

Teléfono: (973) 648-2107

Fax: (973) 648-3937

www.NJVictims.org

njvictims@njvictims.org

Envíe por correo todas las solicitudes a la oficina de Newark:

VCCO

50 Park Place, 5th floor
Newark, NJ 07102

SECCIÓN 1:

Información de Víctima

(Sección Requerida)

Escriba en letra de molde el nombre de la persona que resultó herida en el sitio del crimen. Deberá ser la misma persona que aparece listada como "Víctima" en el informe de las agencias del Orden Público. Complete el resto de esta sección con información sobre la víctima.

SECCIÓN 2:

Información del Solicitante

(Sección Requerida)

Escriba en letra de molde el nombre de la persona que está solicitando la compensación si es diferente a la víctima. Esta persona además puede ser el adulto que asuma responsabilidad por las cuentas relacionadas con el crimen o puede ser la persona económicamente responsable (e.j. padre/madre, tutor, esposo) de un menor de edad, o persona discapacitada o no competente que haya sido lesionada como resultado de un crimen.

SECCIÓN 3:

Información Adicional

Escriba en letra de molde el nombre de una persona que la VCCO puede contactar si no logramos contactarle a usted.

SECCIÓN 4:

Información del Crimen

(Sección Requerida)

Escriba los detalles del crimen en letra de molde aquí. Adjunte una copia del informe del incidente. Si no la tiene, la VCCO le pedirá una a la agencia del orden público o al procurador. El informe del incidente de las agencias del orden público es necesario para determinar su elegibilidad y para procesar el reclamo.

**SECCIÓN 5:
Servicios Solicitados**

(Sección Requerida)

Por Favor repase los posibles beneficios disponibles y seleccione cuales servicios está solicitando. Se pedirá documentación en apoyo a cada beneficio que se seleccione.

**SECCIÓN 6:
Información de Seguros**

(Sección Requerida)

Si usted tiene seguro que pueda cubrir algunos de sus cuentas relacionadas con su crimen, proporcione su información de seguro aquí.

**SECCIÓN 7
Proveedores de Tratamiento Médico/Consejería**

Liste el nombre de Hospitales y doctores que le han proveído servicios. Si ya tiene facturas detalladas, favor de enviar copias con su solicitud.

**SECCIÓN 8:
Información de Trabajo**

Liste la información de su trabajo si usted no ha podido trabajar por lesiones relacionadas al crimen o por estar cuidando de alguien que tiene lesiones relacionadas al crimen.

**SECCIÓN 9:
Información de Dependientes**

En un incidente de homicidio, liste los dependientes de la víctima que dependían de la víctima para su manutención.

**SECCIÓN 10:
Información de su Abogado**

Complete esta sección si usted contrató a un abogado para representarlo/a en este reclamo, ayudarlo en el tribunal, llegar a un acuerdo en un reclamo de seguros o para entablar una demanda relacionada con este crimen.

**SECCIÓN 11:
Información de Fuente de Referido**

Escriba el nombre del/de la representante de víctimas o del/de la profesional que le ayudó a usted con esta solicitud.

**SECCIÓN 12:
Responsabilidad Legal y Firma**

(Sección Requerida)

Esta solicitud es un documento legal que debe ser leído y firmado por el adulto solicitante.

**SECCIÓN 13:
Autorización para obtener expedientes**

(Sección Requerida)

Este permiso para obtener sus expedientes es para obtener información de parte de sus doctores, su hospital, patrón, la policía y el procurador para que la VCCO pueda procesar su reclamo.

**SECCIÓN 14:
Asignación de Interés**

(Sección Requerida)

Este es un acuerdo legal que debe ser firmado para que la VCCO le pague alguna compensación a usted.

**SECCIÓN 15:
Autorización para divulgar información
Conforme a la Ley de Privacidad HIPAA**

(Sección Requerida)

Esta autorización es necesaria para obtener información de parte de todos sus proveedores de servicios de salud bajo las leyes federales.

Debe ser llenada firmada y fechada para que la VCCO pueda procesar su reclamo.

**SECCIÓN 16:
Sección Para Detalles Adicionales**

(Si es Necesario)



New Jersey Office of the Attorney General
Victims of Crime Compensation Office

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PARA USO OFICIAL SOLAMENTE

Application No. _____

Claim No. _____

Death Personal Injury

Solicitud de reclamo

SECCIÓN 1: INFORMACIÓN SOBRE LA VÍCTIMA

La víctima es la misma persona listada como víctima en el informe del incidente del crimen (complete una solicitud separada para cada víctima) El/la solicitante es la persona que está solicitando compensación. No complete La SECCIÓN 2 si la víctima es el/la solicitante.

Sr. Sra. Srta. Mx. (Elija uno)

Nombre legal completo de la víctima _____
Apellido Primer nombre Inicial del segundo nombre

Número de Seguro Social _____ - _____ - _____ Fecha de nacimiento ____ / ____ / ____

Marcar si la víctima: Falleció (fecha de fallecimiento ____ / ____ / ____)
 Es Menor de 18 años Es incompetente Está Discapacitado/a

Dirección de correo de casa _____

Ciudad _____ Condado _____ Estado _____ Código postal _____

Teléfono de casa (_____) _____ - _____ Teléfono de trabajo (_____) _____ - _____

Teléfono celular (_____) _____ - _____ Correo electrónico _____

Sexo: Masculino Femenino No designado/No-Binario

Raza/Etnicidad: Asiático/a Latino/a Indio Americano / Nativo de Alaska
 Caucásico Múltiples Razas Nativo de Hawái / Islas del Pacifico
 Oriente Medio Afro Americano/a Otro _____

Estado civil: Soltero/a Casado/a Divorciado/a Separado/a Viudo/a

SECCIÓN 2: INFORMACIÓN SOBRE EL SOLICITANTE

Definición de solicitante: "Solicitante" quiere decir la persona que solicita la compensación, que puede o no ser la víctima del crimen que constituye la base de la solicitud de reclamo de compensación. No llene esta sección si usted es la víctima arriba mencionada.

Sr. Sra. Srta. Mx. (Elija uno)

Nombre legal completo del solicitante _____
Apellido Primer nombre Inicial del segundo nombre

Número de Seguro Social _____ - _____ - _____ Fecha de nacimiento ____ / ____ / ____

Relación del solicitante con la víctima: Cónyuge Padre/madre Hermano/a Hijo/a Otro _____

Dirección de correo de casa _____

Ciudad _____ Condado _____ Estado _____ Código postal _____

Teléfono de casa (_____) _____ - _____ Teléfono de trabajo (_____) _____ - _____

Teléfono celular (_____) _____ - _____ Correo electrónico _____

SECCIÓN 3: CONTACTO ADICIONAL

Una persona en la que confía el/la solicitante y que la VCCO pueda contactar en caso de no estar disponible la víctima o solicitante.

Nombre _____
Relación: Padre/madre Hermano/a Amigo/a Abogado/a Terapeuta Otro _____
Dirección _____
Ciudad _____ Condado _____ Estado _____ Código postal _____
Teléfono (_____) _____ - _____ Teléfono de trabajo (_____) _____ - _____
Teléfono celular (_____) _____ - _____ Correo electrónico _____

SECCIÓN 4: INFORMACIÓN SOBRE EL INCIDENTE CRIMINAL

Si los tiene disponibles, adjunte una copia de los siguientes: informe de policía, informe del incidente, Orden de restricción temporal, Orden de restricción permanente, etc.

Fecha del crimen ____ / ____ / ____ Fecha que se reportó ____ / ____ / ____
Nombre, tal como aparece en el informe del incidente _____
Nombre de agencia del orden público _____
Lugar/dirección del crimen _____
Ciudad _____ Condado _____ Estado _____ Código postal _____
Número de denuncia policial _____ Número de expediente del procurador _____
Tipo de crimen:
 Acecho Robo violento** Incendio provocado Comportamiento Escandaloso
 Asesinato Agresión simple Violencia Domestica Actos indecentes con menores
 Secuestro Agresión Sexual Agresión con agravantes Ofensas de vehículos motorizados**
 Discriminación Trata de personas Amenazas de propinar daño corporal
 Allanamiento** Homicidio Culposo Actos lascivos, obscenos, indecentes
Breve descripción del incidente y de las lesiones que sostuvo: _____

Nombre(s) del (los) Ofensor(es), si los sabe: _____
Relación con el (los) ofensor (es), si hay alguna: _____
¿Ha presentado este reclamo dentro de los 5 años desde que ocurrió el crimen? Sí No*
¿Vivía la víctima en el mismo hogar que el ofensor cuando ocurrió el crimen? Sí No
¿Se ha ordenado pagar restitución? Sí No
¿Presentó un reporte a la policía dentro de los 9 meses? Sí No*

*Si contestó "No" a alguna de las dos preguntas anteriores, debe proveerle a la agencia razones legítimas para justificar el no presentarlos informes a tiempo. (Ver la sección 16A o B para el espacio donde deberá listar sus razones).
**Ciertas condiciones aplican.

SECCIÓN 5: SERVICIOS SOLICITADOS

Por favor seleccione los servicios que solicitará. Dependiendo de cuales servicios solicite, es posible se le requiera presentar información adicional.

- Servicios Médicos:** gastos médicos directamente relacionados con una lesión asociada con el incidente y que no esté cubierta por el Seguro o por el "charity care" (servicios de caridad).
- Consejería y Terapia:** gastos de asesoría de salud mental relacionados con el incidente y que no estén cubiertos por el seguro. El otorgamiento máximo de asesoría de salud mental es el siguiente: Sobreviviente de homicidio \$20,000, víctima lesionada \$20,000, víctima(as) secundaria (s) \$7,000, Consejería y Terapia en grupo \$50 por sesión por víctima.
- Servicios Dentales:** Gastos dentales relacionados directamente con una lesión o golpe asociados con un crimen y no cubiertos en su totalidad por el seguro.
- Recetas Médicas:** Gastos de recetas médicas directamente relacionados con una lesión asociada con un crimen y no estén totalmente cubiertos por el seguro.
- Reubicación:** La cantidad máxima que se otorga para la reubicación es \$3,000. La VCCO puede considerar pagar gastos de reubicación cuando exista la necesidad de proteger la salud y seguridad de la víctima o de su familia. La oficina puede considerar pagar gastos tales como el depósito de seguridad directamente al arrendador, albergue temporal, servicios de mudanzas, la diferencia entre los pagos mensuales de hipoteca y los pagos de renta mensual, pagos del primer mes de alquiler, un mes de renta si la reubicación tomo lugar dentro de un plazo de un año de haber presentado la solicitud y o gastos razonables que se consideren ser razonables y necesarios.
- Funeral:** El otorgamiento máximo para gastos de funeral es de \$7,500. La oficina puede considerar pagar por gastos tales como gastos de funeral, flores, gastos de comidas, gastos de cementerio, y gastos de lápidas y marcadores de tumbas.
- Transporte al Funeral:** \$500 por persona con un reembolso máximo de \$3,000. Esto puede incluir gastos de transporte aéreo o transporte en ferrocarril.
- Pérdida de ingresos (víctima):** Pérdida de ingresos de una víctima producida directamente debido a la lesión relacionada con el crimen cuando la víctima no estaba recibiendo pagos. La VCCO no puede considerar presentar un reembolso si el/la solicitante recibió algún pago debido a días acumulados por enfermedad o por vacaciones. La Pérdida máxima de ingresos a considerarse es de \$600 por semana con un máximo de 104 semanas.
- Pérdida de ingresos (solicitante):** Cuando el solicitante estaba empleado cuando ocurrió el incidente, pero perdió tiempo de su trabajo por tener que cuidar de la víctima como resultado de las lesiones de ésta. La VCCO no puede considerar pagos si al solicitante se le pagó por días acumulados de enfermedad o de vacaciones. La Pérdida máxima de ingresos que se considerará es de \$600 por semana con un máximo de \$7,000.
- Pérdida de manutención (reclamo de homicidio):** Se puede considerar un reclamo por pérdida de manutención si la víctima estaba manteniendo al solicitante o a su familia cuando murió. La cantidad máxima de manutención que se considerará es de \$600 por semana a no exceder 48 meses.
- Pérdida de manutención (del ofensor):** Se podrá considerar la Pérdida de manutención cuando se pueda determinar que el ofensor mantenía al hogar antes del incidente y ahora está encarcelado, and prófugo o ha dejado de mantenerlos debido al incidente. La cantidad máxima a considerarse es de \$600 por semana a no exceder 48 meses.
- Reembolso de dinero en efectivo robado:** (solo para ancianos o personas permanentemente discapacitadas) La VCCO puede reembolsar efectivo (mínimo \$50) robado directamente a la víctima cuando este robo se haya reportado a la policía. El reembolso máximo es de \$1,000.

SECCIÓN 5: SERVICIOS SOLICITADOS (continuación)

- Honorarios de Abogado:** (derechos de las víctimas en ciertos procedimientos penales y/o civiles directamente relacionados al reclamo VCCO): VCCO puede ayudar con ciertos honorarios si la representación está relacionada con el caso penal en que se basa la demanda. Los honorarios de abogados son pagaderos en \$275 por hora a no exceder el máximo de \$10,000.
 - Representación de abogado al interponer un reclamo:** Honorarios de abogado pagaderos en \$275 por hora a no exceder el 15% del otorgamiento total o la cantidad que sea menor.
 - Servicios Domésticos:** VCCO puede reembolsar gastos de servicios de ayuda doméstica que surjan como resultado directo del crimen. Estos servicios domésticos pueden incluir limpieza de casa, lavado de ropa, ayuda en la cocina, compañía y otros servicios relacionados al apoyo de la víctima en su diario vivir. Reembolso máximo de \$6,500.
 - Servicios de guardería:** VCCO puede reembolsar gastos de cuidado infantil o guardería para un menor (14 años o menos) o para un adulto cuando estos servicios se necesiten como resultado directo del crimen. Reembolso máximo de \$6,500.
 - Equipo médico:** VCCO puede reembolsar cobros razonables por equipo médico que sea necesario tal como sillas de rueda, soportes ortopédicos, tablillas, muletas, andadores y otro equipo de adaptación personal necesario para manejar la discapacidad de la víctima.
 - Transporte a las citas médicas:** VCCO puede reembolsar los gastos de transporte de la víctima a sus visitas médicas y a otros establecimientos de salud. El reembolso máximo es de 31 centavos por milla a no exceder \$10 al día y \$3,000 total.
 - Limpieza del lugar del crimen:** La VCCO puede compensar por gastos razonables y necesarios por la limpieza de la residencia de la víctima y/o su vehículo personal donde haya ocurrido el crimen ***** o cuando los gastos directos se han convertido en la responsabilidad financiera de la víctima o solicitante. La compensación incluye, gastos de limpieza, reemplazo razonable del valor de ropa de cama, alfombrado, puertas, ventanas, cerrajería o muebles que hayan resultado dañados o destrozados como resultado del crimen o la colecta de evidencias. El otorgamiento total por la limpieza del lugar del crimen no deberá exceder \$4,000 en total.
 - Duelo:** Se puede compensar por Pérdida de ingresos a la familia de la víctima por asistir al funeral y su duelo por un periodo de tiempo de no más de dos semanas. La pérdida de ingresos máxima a ser considerada es de \$600 por semana.
 - Comparecencia al tribunal:** Se puede pagar por Pérdida de ingresos a las víctimas y a las víctimas secundarias por su comparecencia al tribunal. La cantidad máxima de pérdida de ingresos a ser considerada es de \$600 por semana con un máximo de \$7,000 por todo gasto de la víctima secundaria.
 - Transporte para comparecer en el tribunal:** La VCCO puede reembolsar gastos de transporte y las comparecencias al tribunal de la víctima o el/la solicitante. El reembolso máximo es de 31 centavos por milla a no exceder \$10 por día y \$3,000 en total.
- Compensación suplementaria por lesión catastrófica (CAT):** Se define a una víctima catastróficamente lesionada como una persona que la Oficina haya determinado ha sostenido una lesión grave o que se espera le durará de por vida. La compensación por pérdida de ingresos, pérdida de manutención, daños a propiedad y dolor y sufrimiento queda excluida de la compensación por lesión catastrófica. La VCCO puede proveer un pago suplementario o más con el único propósito de proporcionar ayuda de rehabilitación y servicios a las víctimas directas de lesiones catastróficas.
- Por favor marque aquí si usted cree que llena los requisitos y desea solicitar asistencia de CAT.

SECCIÓN 6: INFORMACIÓN SOBRE SEGUROS/BENEFICIOS DE SALUD

Por favor indique cobertura de Seguro de salud o de automóvil. La información proporcionada puede ser utilizada para notificar a un proveedor de servicios de salud que existe otra fuente de pago antes que la VCCO considere pagar conforme a la ley N.J.A.C. 13:75- 1.19.

SEGURO MÉDICO Sí No

Compañía _____

Póliza No. _____

SEGURO MÉDICO SECUNDARIO Sí No

Compañía _____

Póliza No. _____

SEGURO DENTAL Sí No

Compañía _____

Póliza No. _____

SEGURO DE AUTOMÓVIL Sí No

Compañía _____

Póliza No. _____

Si ni la víctima ni el ofensor tienen seguro de automóvil, y el incidente involucró un vehículo motorizado, el solicitante debe presentar una solicitud a la New Jersey Property Liability Insurance Guaranteed Association (NJPLIGA) dentro de un plazo de 180 días de la fecha del incidente.

¿Ha solicitado a la NJPLIGA? Sí No

COMPENSACION LABORAL Sí No

SEGURO DE ARRENDADOR/ARRENDATARIO Sí No Compañía _____

Póliza No. _____

Charity Care Sí No Fecha de solicitud de charity care ____ / ____ / ____

Si marcó "No" la VCCO es el pagador de último recurso, primero se le cobrara a la compañía de seguro de la víctima/ solicitante y al charity care. Por favor solicite ayuda de charity care en el hospital donde recibió tratamiento la víctima.

SECCIÓN 7: PROVEEDORES DE TRATAMIENTO MÉDICO/ASESORAMIENTO

Nombre del médico/hospital: _____ Fecha(s) de tratamiento: _____

Dirección: _____

Número de Tel: _____

Nombre del médico/hospital: _____ Fecha(s) de tratamiento: _____

Dirección: _____

Número de Tel: _____

Nombre del médico/hospital: _____ Fecha(s) de tratamiento: _____

Dirección: _____

Número de Tel: _____

SECCIÓN 8: INFORMACIÓN SOBRE LA PÉRDIDA DE /SALARIO/AYUDA

Llenar si usted ha perdido tiempo de su trabajo a causa de sus lesiones o para cuidar a una víctima lesionada.
(Si cuenta con más de un empleador, adjunte hojas adicionales)

Pérdida de ingresos de la víctima Pérdida de ingresos del solicitante Pérdida de manutención

Nombre del empleado _____

Núm. de teléfono de la compañía (____) ____ - ____ Núm. de fax de la compañía (____) ____ - ____

Nombre de la compañía o negocio _____

Dirección de la compañía o negocio _____

Ciudad _____ Condado _____ Estado _____ Código postal _____

Fechas de ausencia al trabajo debido a lesiones relacionadas con el crimen: ____ / ____ / ____ hasta ____ / ____ / ____

¿Ocurrió el incidente mientras estaba en el trabajo? Sí No

¿Si se lesiono en el trabajo, su empleador cuenta con Seguro de compensación laboral? Sí No

¿Ha solicitado beneficios del estado/Incapacidad Privada o Ausencia Laboral por razones familiares para que le reembolsen los salarios perdidos? Sí No

Si respondió "Sí", presente toda notificación recibida del Estado/Incapacidad Privada/ o ausencia Laboral por razones de trabajo.

¿Ha perdido su familia ingresos/pagos debido al crimen? Sí No

¿Está usted faltando al trabajo por cuidar a la víctima? Sí No

Si los tiene, por favor enviar los comprobantes de pago de la semana anterior al crimen, de la semana que regresó al trabajo y una carta del médico con la fecha de su discapacidad

Si trabaja por su propia cuenta debe presentar declaraciones de impuestos de los 2 últimos años antes del crimen

Se puede otorgar perdida de manutención a los dependientes de víctimas de homicidio.
Favor remitir copias de las declaraciones de impuesto de la víctima de los últimos 3 años

SECCIÓN 9: INFORMACIÓN SOBRE LOS DEPENDIENTES

Presente información sobre los dependientes de la víctima u otras personas que dependen de la víctima para manutención.
(Si no hay, vaya a la sección 10).

Nombre del dependiente: _____ Relación con la víctima: _____

Dirección: _____ Fecha de nacimiento: ____ / ____ / ____

Número de Seguro Social: _____ - _____ - _____ ¿Es usted el tutor legal? Sí No

Nombre del dependiente: _____ Relación con la víctima: _____

Dirección: _____ Fecha de nacimiento: ____ / ____ / ____

Número de Seguro Social: _____ - _____ - _____ ¿Es usted el tutor legal? Sí No

Nombre del dependiente: _____ Relación con la víctima: _____

Dirección: _____ Fecha de nacimiento: ____ / ____ / ____

Número de Seguro Social: _____ - _____ - _____ ¿Es usted el tutor legal? Sí No

¿Hay alguien más que dependía de la víctima para manutención ordenada por un tribunal? Sí No

SECCIÓN 10: INFORMACIÓN SOBRE EL ABOGADO

A. Tipo de representación: Solicitud a la VCCO Demanda civil Derechos de las víctimas en casos/procesos penales

Nombre del abogado _____

Dirección _____

Ciudad _____ Condado _____ Estado _____ Código postal _____

Teléfono (_____) _____ - _____

B. Tipo de representación: Solicitud a la VCCO Demanda civil Derechos de las víctimas en casos/procesos penales

Nombre del abogado _____

Dirección _____

Ciudad _____ Condado _____ Estado _____ Código postal _____

Teléfono (_____) _____ - _____

C. Tengo la intención de entablar una demanda en una fecha futura Sí No

SECCIÓN 11: INFORMACIÓN SOBRE LA REFERENCIA

¿Quién lo refirió a la VCCO? Policía Amigo/pariente Procurador Coordinador Víctima/Testigo

Hospital Funeraria Centro de asistencia a víctimas de violación/violencia doméstica

Folleto/afiche Internet Profesional médico Otro _____

SECCIÓN 12: FIRMA Y AUTORIZACIÓN LEGAL

*Este es un documento legal que debe ser firmado por un adulto.**

Elegibilidad Para Participar en el Programa:

Entiendo que soy responsable por todas las facturas y que el programa de compensación está diseñado para pagar ciertos gastos no cubiertos por otra fuente. El presentar esta solicitud no me otorga el derecho de recibir beneficios.

Reembolso:

Acuerdo reembolsar a la VCCO si recibo dinero de otra fuente hasta el monto que han pagado de mi parte. Esto incluye cualquier pago que yo pueda recibir de parte del ofensor, pagos del seguro o por acuerdos judiciales, fallos, o demandas civiles.

He proveído información correcta y veraz a mi leal saber y entender. No he omitido, ocultado, o representado falsamente ninguna información deliberadamente que pueda afectar mayormente mi elegibilidad para obtener beneficios de compensación. Entiendo que podre estar sujeto a sanciones y castigos penales si cualquier información que he proporcionado es deliberadamente falsa.

X _____ Fecha _____

Firma de la víctima o solicitante

**Deberá firmar el representante legal si la víctima es menor de 18 años, ha sido declarado legalmente incapacitada o ha fallecido*

SECCIÓN 13: AUTORIZACIÓN PARA OBTENER EXPEDIENTES

Yo, _____, autorizo a la Oficina de Compensación Para Víctimas del Crimen (VCCO) o su agente, representante o el portador que inspeccione, revise y haga copias, incluyendo copias fotostáticas, de todos los archivos médicos y expedientes relacionados con ganancias, ingresos, u otorgamientos de cualquier agencia, expedientes de asistencia y cualquier otro expediente relacionado al empleo o ayuda económica, y también informes de la policía y del procurador necesarios para determinar elegibilidad para mi reclamo de compensación. Las fotocopias de esta autorización se consideraran tan validas como la original.

X _____ Fecha _____
Firma de la víctima o del solicitante

**Deberá firmar el representante legal si la víctima es menor de 18 años, ha sido declarado legalmente incapacitada o ha fallecido.*

SECCIÓN 14: CESIÓN DE INTERÉS

Yo, _____, cediendo que las leyes de NJ me requieren reembolsar a la Oficina de Compensación Para Víctimas del Crimen (VCCO) por cualquier cantidad de dinero que pueda recibir de otras fuentes. Deberé contactar a la VCCO al recibir dicho dinero adicional de parte del ofensor, de una demanda civil, de restitución, programa de seguros, o de parte de cualquier otra agencia ya sea privada o del gobierno.

Además cedo y confiero a la VCCO el derecho de recibir directamente el reembolso de dos tercios de la cantidad que me otorgó de las ganancias de cualquier demanda civil que yo haya comenzado o que comenzaré a entablar surgiendo de este incidente.

Al igual cedo y otorgo a la VCCO el derecho a ser reembolsado de parte de la Oficina de Libertad Condicional, la Comisión de Justicia de Menores, y el Departamento Correccional por la cantidad que se me pagará en forma de restitución ordenada por el tribunal en cualquier proceso penal relacionado con el incidente. Los reembolsos a la VCCO quedaran limitados a gastos por los cuales la VCCO me ha compensado.

Certifico estoy firmando esta Cesión de Participación libre y voluntariamente. Entiendo que debo firmar esta cesión para recibir compensación. Además certifico que si en algún momento doy comienzo a una demanda civil, entregaré a mi abogado una copia de esta Cesión de Participación con las instrucciones que mi abogado quede obligado a cumplir sus plazos y condiciones. Entiendo que la VCCO está dependiendo de buena fe de esta Cesión de parte mía para pagarme la compensación.

X _____ Fecha _____
Firma de la víctima o del solicitante

**Deberá firmar el representante legal si la víctima es menor de 18 años, ha sido declarado legalmente incapacitada o ha fallecido.*

SECCIÓN 15: AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN EN VIRTUD DE LA LEY DE PORTABILIDAD Y RESPONSABILIDAD DEL SEGURO DE SALUD

Nombre del paciente _____ Número de Seguro Social _____ - _____ - _____

Fecha de nacimiento ____ / ____ / ____ Teléfono (____) _____ - _____

Dirección _____

Ciudad _____ Condado _____ Estado _____ Código postal _____

Autorizo el uso y la divulgación de mi información de salud, como aparece descrito a continuación.

Centro autorizado para divulgar mi información de salud: _____

Entidad o persona(s) autorizada(s) para recibir mi información de salud: _____ *Oficina de Compensación a Víctimas del Crimen de New Jersey (NJ VCCO)*

La información de salud que puede ser utilizada/divulgada queda limitada a la siguiente:

- Resumen de dada de alta
 Historial y exámenes físicos
 Consulta(s)
 Laboratorio
 Reportes de cirugías
 Reporte de patología
 Radiografías/imágenes
 Expediente completo
 Otro (especificar) _____

La información de salud que puede ser utilizada está limitada a las siguientes fechas de tratamiento: _____

Información de salud a ser divulgada a la entidad o persona arriba identificada deberá ser utilizada/divulgada para los siguientes propósitos (incluya la Investigación o Comercialización, si es apropiado): Para determinar la cantidad de compensación que el paciente tiene derecho a recibir, incluyendo el pago por cualquier factura pendiente a pagarse por servicios proporcionados por el establecimiento al paciente.

La información de salud le identifica a usted (el paciente) por nombre, e incluye otra información demográfica sobre usted. La información de salud puede incluir, pero no queda limitada a: expedientes médicos, placas de rayos-x, diapositivas, graficas, filmes, etc. Por la presente, relevo de responsabilidad al centro de salud que divulgue la información, a sus agentes y empleados de cualquier y toda obligación, responsabilidad, daños y reclamos que puedan surgir al divulgar la información autorizada, a incluir el abuso de alcohol, el abuso de drogas, enfermedades contagiosas incluyendo la condición de VIH, y/o diagnósticos psiquiátricos descubiertos durante mi visita, encuentro o hospitalización, o de hacer copias de dicha información conforme a la política de este establecimiento.

La información de salud protegida divulgada conforme a esta autorización puede ser divulgada de nuevo por parte de la persona que recibió dicha información y que de ser así ya no esté protegida por esta regla de privacidad. Si la información de salud se utiliza con propósitos de investigación continua, la fecha de vencimiento de la autorización o la especificación del evento no aplica.

Esta autorización tendrá validez durante todo el proceso de mi reclamo con la NJVCCO llegara a su fin cuando NJVCCO haya pronunciado una decisión final en cuanto a mis beneficios de compensación. Tengo entendido que tengo el derecho de revocar esta autorización por escrito, en cualquier momento, como lo indica la Notificación de Política de Privacidad, exceptuando cuando el establecimiento ya haya divulgado información basándose en mi autorización previa.

El tratamiento, los pagos, la matrícula, y la elegibilidad para recibir beneficios no deberá depender de recibir la autorización si la Ley de Portabilidad y Responsabilidad de los Seguros de Salud (HIPAA) prohíbe imponer dicha condición. Si se permite imponer condiciones, el rehusarse a firmar la autorización podría resultar en que se le niegue el tratamiento o la cobertura.

NOTIFICACION AL INDIVIDUO O AGENCIA QUE RECIBE: Esta información deberá manejarse conforme a los reglamentos de privacidad de la Ley de Portabilidad y Responsabilidad de los Seguros de Salud (HIPAA, por su sigla en inglés).

Firma del paciente o de su representante personal autorizado X	Fecha Hora	<input type="radio"/> a. m. <input type="radio"/> p. m.
Relación con el paciente/autorización para actuar en nombre del paciente	Intérprete, si se utilizó	
Firma del testigo X	Fecha o evento de vencimiento	

When Sexual Abuse Is
Suspected: Common Concerns
About the Medical Exam

As required by law, any person who has reasonable cause to believe that a child has been abused or neglected must report it immediately to the New Jersey Division of Child Protection and Permanency by utilizing the 24-hour hotline: 1-877-NJABUSE (652-2873).

Martin A. Finkel, DO, FAAP
Co-Director, Professor of Pediatrics

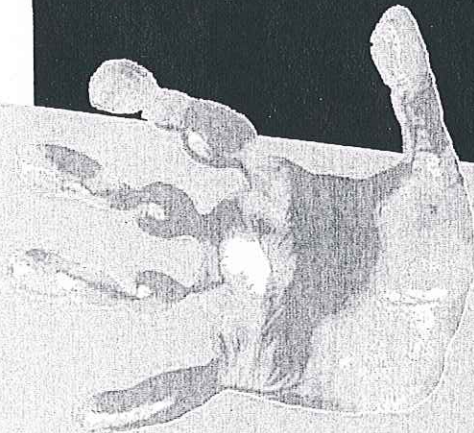
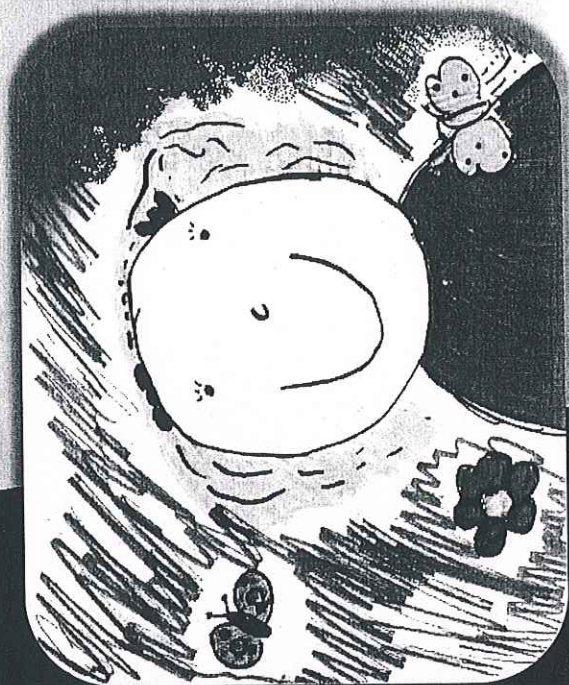
Esther Deblinger, PhD
Co-Director, Professor of Psychiatry

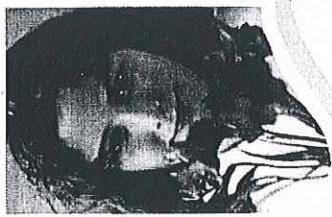
42 East Laurel Road
Suite 1100
PO Box 1011
Stratford, NJ 08084-1504

1051 West Sherman Avenue
Building 5, Unit A
Vineland, NJ 08360

For more information: 856-566-7036
Fax 856-566-6108

Visit our Web Site: caresinstitute.org





The CARES Institute is a specialized facility that provides both medical and mental health examinations and treatment for children suspected of experiencing sexual abuse.

Our pediatricians are specialists who:

- Are sensitive and caring to children and their caregivers;
- Understand the unique needs of children who might have been sexually abused;
- Have special training to sensitively examine children who might have experienced sexual abuse;
- Use state of the art techniques to talk to and examine children.

Examinations are:

- Can reassure the child and caregivers about the child's well being;
- May help understand what the child may have experienced ;
- May identify medical issues after the abuse;
- Provide an opportunity for the child and caregivers to ask questions and discuss concerns;
- Provide an opportunity to learn about normal child and adolescent development

The following information will help answer questions that parents often have about the medical exam. Institute doctors and our pediatric nurse are always available to answer any specific concerns that are not addressed below.

Frequently asked questions:

1. Why does my child have to get a medical exam?

Your child has been referred to CARES for a medical examination to help address any health concerns because of possible inappropriate experiences. Children and adolescents often express worries about their bodies following sexual abuse. The physical exam will address concerns about your child's health and well-being; we will identify any injuries that might be present, test for sexually transmitted infections and collect physical evidence of sexual contact when indicated.

2. What will happen at this appointment?

First, the pediatrician will meet with you, the parent/caregiver, to explain what will happen, review the child's past medical history, answer questions and hear your concerns regarding what your child might have experienced. The pediatrician will then meet separately with your child to talk about the sexual abuse they might have experienced and any worries or concerns they might have. Then the pediatrician will conduct a head-to-toe physical exam of the child with the parent/caregiver or an assistant in the room. Finally, the pediatrician will review the examination results with you, discuss any follow-up recommendations, and answer any additional questions.



3. What if it happened a long time ago; does my child still need an exam?

All children can benefit from an exam regardless of when the last incident occurred. A very important part of the appointment is helping your child express what happened to them. The exam is conducted in a way that can be reassuring and therapeutic for your child by addressing worries and concerns they have about their body. Some children have injuries that have healed but are still able to be seen.

4. Will this exam be uncomfortable for my child?

The physical exam should not cause any physical discomfort for the child. Our pediatricians understand the fears and worries that children may have when going to the doctor. The physical exam affirms for children that every part of their body is important. We make every effort to explain exactly what will happen as well as answer all their questions to address any worries. We want the physical exam to be a positive experience for your child. The parent/caretaker or assistant will be there during the exam to comfort the child as well.

5. Is this exam the same as an exam done by a gynecologist?

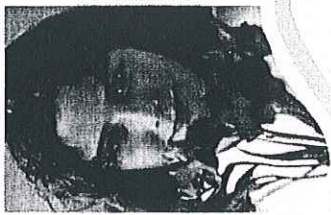
For girls who have not got their period yet, the genital exam is an external only look and does not involve the use of a speculum. For girls who have started their periods, the exam typically does not involve the use of a speculum. However, on rare occasions, there may be the need to use a speculum that is especially made for young females.

6. Why can't my family doctor/pediatrician or gynecologist do the exam? My child is comfortable with that doctor and is familiar with their office.

The exam is best done by someone who has both the experience in caring for children suspected of being sexually abused and the special skills necessary to examine your child and document findings. CARES pediatricians have been specially trained in how to examine children who might have experienced sexual abuse.

7. Will the doctor be able to tell if there was vaginal or anal penetration?

There are many types of inappropriate sexual contact a child may have experienced, which might include touching, fondling, oral contact and vaginal or anal penetration. There may or may not be physical findings resulting from inappropriate sexual contact that a doctor can see on your child's physical exam, even when vaginal or anal penetration has occurred. Several factors must be considered, such as the child's age and stage of puberty, the timing of the incident(s), and the body's capacity to heal. Even when the last contact was a long time ago, the doctor will be able to provide helpful information addressing any concerns about a child's physical well-being.



8. How is the exam of a boy different from that of a girl?

Boys have many of the same concerns that girls do when touched inappropriately. Boys are examined with the same sensitivity and concern for their well-being. Their exam includes identifying injuries to the penis and/or anus, evaluating for sexually transmitted infections and the collection of physical evidence when indicated.

9. Will my child be sedated for the exam?

No. Children are never sedated for the exam. Some children are emotionally not ready for the exam. If this happens, the exam will be delayed until the child is ready. An exam will only be done with the consent and cooperation of the child and the child's legal guardian.

10. Will they test my child for sexually transmitted infections?

Each child is assessed individually for the need to test for sexually transmitted infections. Fortunately, the likelihood of a child contracting a sexually transmitted infection is quite low.

11. Will the child abuse pediatrician testify in court if needed?

Yes. Our pediatricians will testify in any civil or criminal matter as required.

12. Will the doctor provide a written report to DCP&P and law enforcement about their findings?

After seeing your child, a full and detailed report will be completed. This report will recommend next steps in addressing any continued medical care and appropriate mental health assessment and treatment services.

13. What happens after the exam? Can the CARES Institute help me deal with my child's mental health needs?

Although addressing the medical concerns of your child is very important, it is equally important that your child see a mental health specialist who can help your child recover from the sexual abuse. The Institute has professionals who evaluate and treat children and adolescents who have experienced sexual abuse, as well as help parents deal with their child's experience.

The CARES Institute's pediatricians and all of our professional staff are committed to providing the best care for your child during this difficult time. We hope that the FAQ's will help you better understand your child's experience when visiting the CARES Institute. Should you have any questions, please don't hesitate to ask one of our staff members.

NJ Children's System of Care

Contracted System Administrator — PerformCare®

Helping families across New Jersey

Since 2009, PerformCare has been helping New Jersey's families and young people access publicly funded services for youth up to age 21 through the statewide New Jersey Children's System of Care (CSOC). Help is available for children, adolescents, and young adults seeking behavioral health, intellectual/developmental disability, or substance use treatment services.

Available 24 hours a day, seven days a week — 1-877-652-7624

Sometimes it can be hard to know when you should reach out for extra help. Families should call if their child's behavior has changed or if they are overwhelmed by challenges at home or in the community. Some common reasons to call PerformCare include:

- Depression and/or anxiety.
- Bullying or being bullied.
- Physical or verbal aggression.
- Intellectual/developmental disabilities.
- Substance use.
- Inattention or hyperactivity.
- Oppositional or defiant behavior.
- Grief from major trauma.
- Concerns from teachers.

Families can also visit PerformCare's website at www.performcarenj.org.

Child-centered care in the right place

No matter the challenge, CSOC can help put your child on the path to a better quality of life. Depending on your child's situation and eligibility, CSOC services include:

- Assessments to determine your child's needs.
- Referral to counseling services.
- Mobile response to stabilize crisis situations.
- Family support for education and advocacy.
- Care management for intense and complex needs.
- Behavioral supports for activities of daily living.
- Respite services for families.
- Substance use treatment.

PerformCare is available 24 hours a day, seven days a week, 365 days a year. Contact us toll free (parents, guardians, and youth) at:

1-877-652-7624 (TTY 1-866-896-6975)
www.performcarenj.org



**PerformCare associates
are available 365 days
a year to connect
eligible children to
individualized care.**



PerformCARE®

www.performcarenj.org

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Any individual depicted is a model.

PCNJ_1791170

Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare reduces language barriers to accessing services through the New Jersey Children's System of Care by:

- Providing free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
 - Telecommunication devices such as Device for the Deaf (TDD) and Text Telephone (TTY) systems to enable individuals who are deaf, hard of hearing, or speech-impaired to use the phone to communicate.
- Providing language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreter services.
 - Information written in other languages.

If you need these services, contact PerformCare at 1-877-652-7624 or [TTY (for the hearing impaired) 1-866-896-6975]. We are available 24 hours a day, seven days a week.

If you believe that PerformCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can submit a complaint by mail or phone, by either calling PerformCare's Quality department at 1-877-652-7624 or by writing to:

PerformCare
Attn: Quality Department
300 Horizon Center Drive, Suite 306, Robbinsville, NJ 08691

If you need help filing a complaint, PerformCare's Quality department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language interpreter services

Attention: If you do not speak English, language assistance services are available to you at no cost. Call 1-877-652-7624 (TTY 1-866-896-6975).

Spanish: Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-652-7624 (TTY 1-866-896-6975).

Portuguese: Atenção: Se fala português, encontra-se disponível serviço gratuito de intérprete pelo telefone 1-877-652-7624 (TTY 1-866-896-6975).

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-652-7624 (رقم هاتف الصم والبكم: 1-866-896-6975).

Haitian Creole: Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-652-7624 (TTY: 1-866-896-6975).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: 1-877-652-7624 (TTY 1-866-896-6975)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-652-7624 (TTY 1-866-896-6975) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৬৫২-৭৬২৪ (TTY 1-866-896-6975)।

French: Attention : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-652-7624 (TTY 1-866-896-6975).

Vietnamese: Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-652-7624 (TTY 1-866-896-6975).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-652-7624 (TTY 1-866-896-6975) पर कॉल करें।

Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-877-652-7624 (TTY 1-866-896-6975)。

Polish: Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-652-7624 (TTY 1-866-896-6975).

Urdu: توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-877-652-7624 (TTY: 1-866-896-6975).

Turkish: Dikkat: Türkçe konuşuyorsanız dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-652-7624 (TTY 1-866-896-6975) numaralı telefonu arayın.

Russian: Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-652-7624 (TTY 1-866-896-6975).

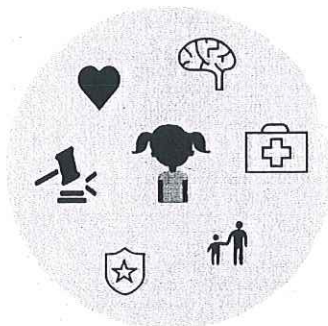
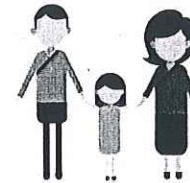
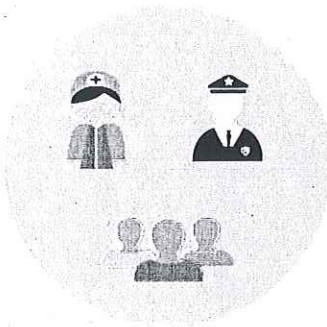
Child Advocacy Centers



Child Advocacy Centers (CACs) offer a child-focused way of serving abused children through a comprehensive and coordinated multidisciplinary approach.







CACs bring together professionals and agencies as a multidisciplinary team to create a child-focused approach to child abuse cases



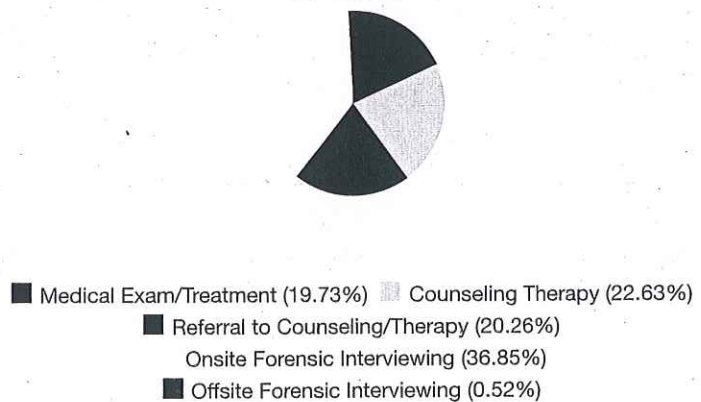
The CAC model brings the system to the child rather than going from agency to agency throughout the law enforcement and child protection systems

3,364 children from birth to age 18 were served by NJ CACs in 2016

Why CACs are important

- Save money 
- Hold offenders accountable
- Help victims heal 
- Prevent abuse and keep kids safe
- Committed to research-supported practices 
- Effective and efficient due to coordinated response
- Accreditation ensures high standards 

Services provided to NJ children in 2016





Reporting Child Abuse in New Jersey

Who is Responsible for Reporting Suspected Child Abuse in New Jersey?

In New Jersey, **everyone is considered a mandated reporter**, which means anyone with reasonable cause to believe a child is being abused has a responsibility to report it to the Division of Child Protection and Permanency (DCP&P). Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with the provisions of the law is a disorderly person and subject to a fine of up to \$1,000 or up to six months imprisonment, or both.

How Do I Report Child Abuse in New Jersey?

Call New Jersey's Child Abuse/Neglect Hotline at 1-877-NJ ABUSE (652-2873) (TTY/TDD use 1-800-835-5510). Outside the state of New Jersey, call (800) 422-4453. **They are available and will respond 24 hours a day, 7 days a week.** If a child is in immediate danger, you should call 911.

Do I Need Evidence of Abuse or Neglect to Call?

No, if you suspect abuse or neglect you are mandated to call. It is DCP&P's responsibility to investigate and determine whether maltreatment occurred.

Do Callers Have Immunity from Civil or Criminal Liability?

Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report **is immune from any criminal or civil liability** as a result of such action. Calls can be placed to the hotline anonymously.

What Happens When I Call the Child Abuse/Neglect Hotline?

The hotline is answered by trained caseworkers who know how to respond to reports of child abuse and neglect. They may ask about the child and alleged perpetrator, what type of alleged abuse occurred, when and where the alleged abuse occurred, and how urgent the need for intervention is.

What Happens After I Make the Call?

When a report indicates that a child may be at risk, DCP&P will promptly investigate the allegations of child abuse and neglect within 24 hours of receipt of the report.

In New Jersey, **ANY person having reasonable cause to believe that a child has been abused or neglected has a legal responsibility to report it to Child Abuse Hotline.**

You can call anonymously and do not need proof to report an allegation of child abuse.

1-877 NJ
ABUSE



NATIONAL
CHILDREN'S
ALLIANCE

New Jersey



Children's
Alliance

WHAT IS DOMESTIC VIOLENCE?

Domestic Violence can be anything that makes one feel threatened, scared, or unsafe. It can include, physical violence, emotional abuse, isolation, economic abuse, intimidation, coercion and threats.

DOMESTIC VIOLENCE CAN INCLUDE:

- Physical assault
- Sexual assault
- Intimidation
- Isolation
- Verbal abuse or harassment
- Threats against you or another family member
- Creating disturbances at your place of work
- Economic control
- Harassing telephone calls
- Spying on you
- Child abuse
- Destruction of property or pets

WHAT IS SEXUAL VIOLENCE?

Sexual violence is defined as any time an individual is forced, threatened, coerced, and/or manipulated into unwanted sexual activity. Sexual violence is motivated by the need to control, dominate, humiliate, and harm another individual.

SEXUAL VIOLENCE CAN INCLUDE:

- Exhibitionism
- Unwanted touching
- Internet stalking to obtain sex
- Child sexual abuse
- Sexual assault/rape
- Drug-facilitated sexual assault
- Sexual harassment



Center For Family Services supports and empowers individuals, families, and communities to achieve a better life through vision, hope, and strength.

SERV is a program of Center For Family Services. For more information about SERV and the more than 50 programs at CFS visit:

WWW.CENTERFFS.ORG

SERV is the NJ State Designated Sexual Violence Program in Camden, Gloucester, and Cumberland Counties and the State Designated Domestic Violence Program in Gloucester & Cumberland Counties

Camden County 584 Benson Street Camden, NJ 08103 856.964.1990 x232 FAX: 856.964.4150 HOTLINE: 866.295.SERV	Cumberland County 3642 East Landis Avenue Vineland, NJ 08361 856.696.2032 FAX: 856.696.7336 HOTLINE: 800.225.0196
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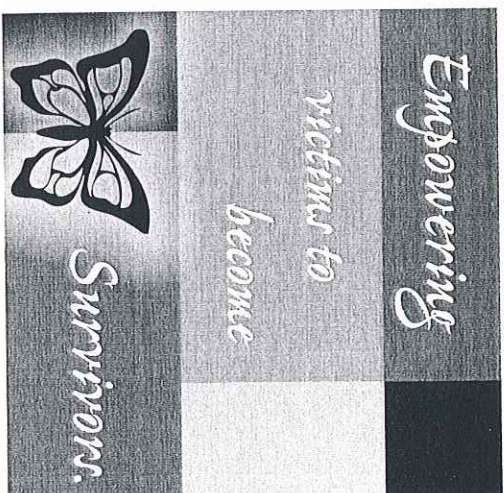
Gloucester County
17 South Delsea Drive
Glassboro, NJ 08028
856.881.4034
FAX: 856.881.4042
HOTLINE: 866.295.SERV

FUNDED BY

NJ Department of Community Affairs; Division on Women; NJ State Department Children and Families; Division of Child Protection and Permanency; United Way of Gloucester County; Department of Criminal Justice, State Office of Victim-Witness Advocacy; U.S. Department of Justice, Office on Violence against Women

SERV

Services Empowering Rights of Victims



SEXUAL AND DOMESTIC VIOLENCE SERVICES

24/7 toll-free crisis hotlines
Camden County - 866.295.SERV (7378)
Gloucester County - 866.295.SERV (7378)
Cumberland County - 800.225.0196



Vision, Hope, and Strength for a Better Life

WWW.CENTERFFS.ORG

SEXUAL ASSAULT

against women and children.

Awareness of the epidemic in America has caused a 60% decline in reported cases of sexual assault in the last two decades, but still—someone in America is assaulted every 2 minutes.

1 out of 3

SEXUAL ASSAULTS

go unreported

IF YOU'RE A VICTIM

WHAT CAN YOU DO?

- Call the 24/7 toll-free crisis hotline
Camden County - 866.295.SERV (7378)
Gloucester County - 866.295.SERV (7378)
Cumberland County - 800.225.0196
- Go to a local police station
- Go to the emergency room
- Do not shower, eat, drink, smoke, or comb your hair

1 in every 4

WOMEN WILL EXPERIENCE
DOMESTIC VIOLENCE
in her lifetime

SERV PROVIDES:

- 24/7 toll-free hotline
- Crisis intervention
- Accompaniment to hospitals, law enforcement agencies, and court
- Advocacy, counseling, and support groups
- 24/7 emergency safe housing for female victims of domestic violence and their children
- Community outreach on sexual and domestic violence
- Prevention and awareness programs



SERV provides sexual and domestic violence services to male and female victims and their families. SERV protects the rights of survivors to ensure they are treated with compassion, dignity, and respect. All services are strictly confidential, free of charge, culturally sensitive, and available in Spanish.

24/7 Free Confidential

SAFE HOUSING

SERV provides 24-hour emergency safe housing in Gloucester and Cumberland Counties for women and their children suffering from domestic violence while they develop plans to lead violence-free lives.

The Safe House provides an opportunity for women to access counseling, resources, and legal options available to them and their children and to draw up a plan for their future while in a safe, comfortable home environment.

Children's counseling groups, tutors, parenting groups, nutrition education and other daily activities are available to all families in the safe house to help in the healing process.

PREVENTION

SERV coordinates a Sexual Violence Prevention Coalition in each county as a collaborative effort to reduce and prevent sexual and domestic violence in our community.

Each coalition develops and supports the implementation of several primary prevention initiatives throughout Camden, Gloucester, and Cumberland Counties.

Each coalition is open to all community members interested in preventing sexual violence in our community. For more information contact serv@centerffs.org or 856.881.4034.