

OFFICE OF THE PROSECUTOR
COUNTY OF SUSSEX

FRANCIS A. KOCH
COUNTY PROSECUTOR



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June 9, 2021

Victim's name
Street Address
City, State, ZIP

Dear Victim's Name:

Sexual Assault is considered a serious crime in the State of New Jersey and there is help available. The Sussex County Office of Victim Witness Advocacy provides assistance to victims to help lessen the loss, and inconvenience suffered as a result of this crime.

The Office of Victim Witness Advocacy can help you apply for reimbursement of medical expenses and/or loss of earnings through the New Jersey Victims of Crime Compensation Office. Our advocates can also act as a liaison, assisting with social service agencies and employer and school intervention.

If you feel that you are in need of immediate support or counseling services please contact Domestic Abuse and Sexual Assault Intervention Services (DASI) for free and confidential services on their 24 hour helpline at [\(973\) 875-1211](tel:9738751211).

If you would like further information, or have any questions, please feel free to contact the Office of Victim Witness Advocacy in the strictest of confidence, at [\(973\) 383-1570](tel:9733831570).

Sincerely,

Laura Santaita
Victim Witness Coordinator

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 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



New Jersey Crime Victims' Bill of Rights

Pursuant to N.J.S.A. 52:4B-36, the State of New Jersey declares that crime victims and witnesses are entitled to the following rights:

1. To be treated with dignity and compassion by the criminal justice system.
2. To be informed about the criminal justice process.
3. To be free from intimidation, harassment, or abuse by any person including the defendant or any other person acting in support of or on behalf of the defendant, due to the involvement of the victim or witness in the criminal justice process.
4. To have the inconveniences associated with participation in the criminal justice system minimized to the fullest extent possible.
5. To make at least one telephone call provided the call is reasonable in both length and location called.
6. To medical assistance reasonably related to the incident in accordance with the provisions of the "Criminal Injuries Compensation Act of 1971," P.L. 1971, c. 317 (N.J.S.A. 52:4B-1 et seq.).
7. To be notified in a timely manner, if practicable, if presence in court is not needed or if any scheduled court proceeding has been adjourned or cancelled.
8. To be compensated for their loss whenever possible.
9. To be provided a secure, but not necessarily separate, waiting area during court proceedings.
10. To be advised of case progress and final disposition and to confer with the prosecutor's representative so that the victim may be kept adequately informed.
11. To the prompt return of property when no longer needed as evidence.
12. To submit a written statement, within a reasonable amount of time, 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.
13. To make, prior to sentencing, an in-person statement directly to the sentencing court concerning the impact of the crime. This is in addition to the statement to be included in the PSR.
14. 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.
15. To be present at any judicial proceeding involving a crime or any juvenile proceeding involving a criminal offense, except as otherwise provided by Article 1, paragraph 22 of the New Jersey Constitution.
16. To be notified of any release or escape of the defendant.
17. To appear in any court before which a proceeding implicating the rights 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.



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

New Jersey Sexual Assault Survivor Protection Act Complaint

County, Superior Court,

Chancery Division, Family Part

Docket Number

FV -

Plaintiff/Victim

Plaintiff/Victim's Date of Birth

Defendant's Sex

Defendant's Race

Date of Birth

Height

Weight

Plaintiff/Parent/Guardian of Minor Plaintiff/Victim

Eye Color

Hair Color

Plaintiff/Parent/Guardian of Minor Plaintiff/Victim Date of Birth

Distinguishing Features (Scars, Facial Hair, Etc.)

Defendant Information: Name

Driver's License Number

Home Phone Number

Work Phone Number

Defendant's Social Security Number

State

Driver's License Expiration Date

Cell Phone Number:

Email Address:

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: _____

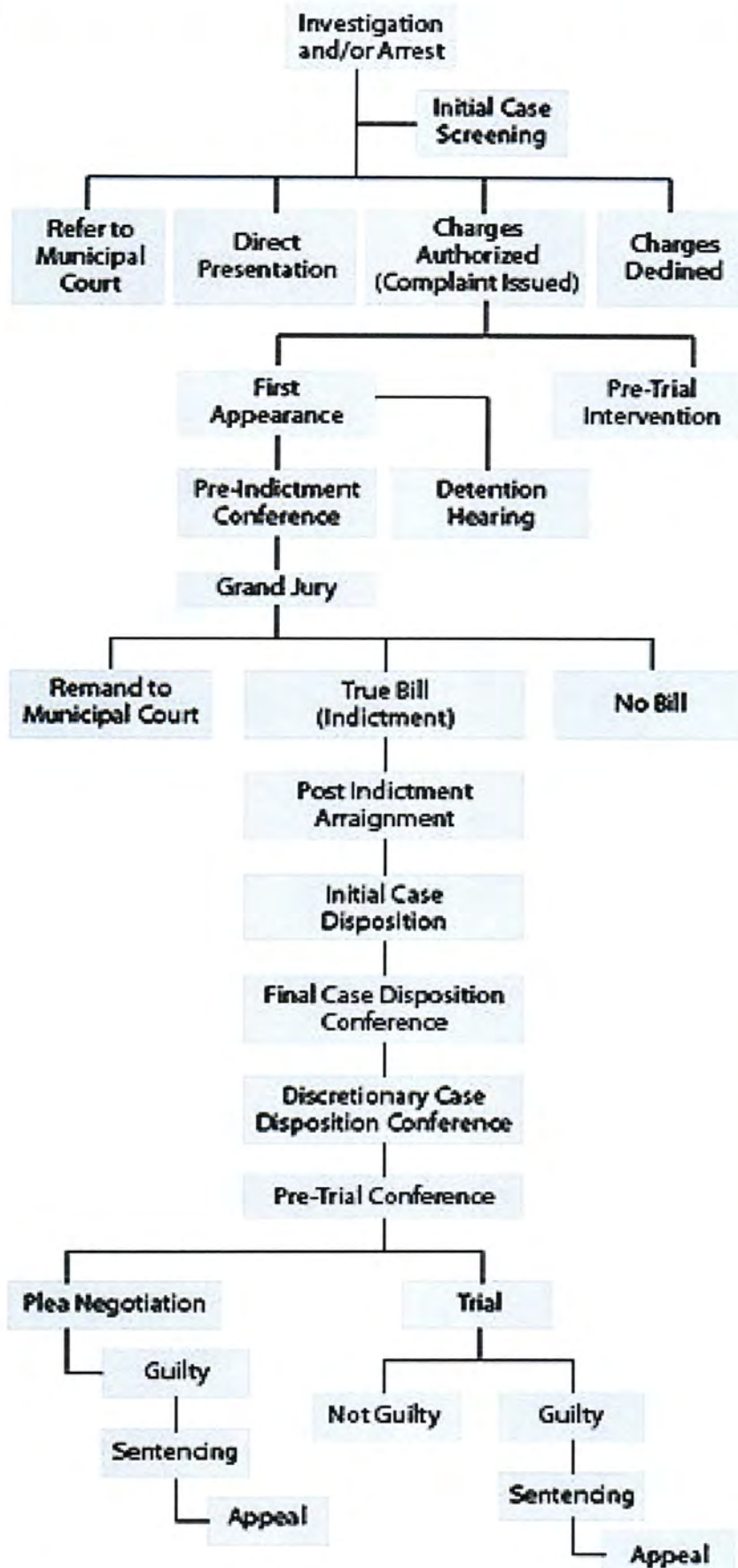
Date: _____

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

The Criminal Case Process





**NEW JERSEY
VICTIMS OF CRIME COMPENSATION OFFICE**

**Claim Application
and Instructions** *(effective.8.1.20)*

caring
support
help dignity
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)

(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

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



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

¿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 causo 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.

*Otras 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 detalladas, 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 llamamos 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, patrones, 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, ayudarle 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

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



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 Pacífico
 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 Terapista 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:

- | | | | |
|--------------------------------------|---|--|--|
| <input type="radio"/> Acecho | <input type="radio"/> Robo violento** | <input type="radio"/> Incendio provocado | <input type="radio"/> Comportamiento Escandaloso |
| <input type="radio"/> Asesinato | <input type="radio"/> Agresión simple | <input type="radio"/> Violencia Domestica | <input type="radio"/> Actos indecentes con menores |
| <input type="radio"/> Secuestro | <input type="radio"/> Agresión Sexual | <input type="radio"/> Agresión con agravantes | <input type="radio"/> Ofensas de vehículos motorizados** |
| <input type="radio"/> Discriminación | <input type="radio"/> Trata de personas | <input type="radio"/> Amenazas de propinar daño corporal | |
| <input type="radio"/> Allanamiento** | <input type="radio"/> Homicidio Culposo | <input type="radio"/> 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 lesiona 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 pérdida 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, _____, centiendo 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 matricula, 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	

SECCIÓN 16: INFORMACIÓN ADICIONAL

A: _____

B



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

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

The Office of Victim Witness Advocacy provides the following services and information:

- Staff available to answer your questions on the telephone, in person, or via email
- Explanation of how the criminal justice process works
- Explanation of legal terms and various types of court hearing
- Notification on the status and disposition of cases
- If you will be required to appear in court and what you will need to do
- Court accompaniment
- Crisis intervention
- Assistance in getting your property back when it is no longer needed as evidence
- Assistance in making a victim impact statement to the Court
- Transportation to court
- Child care assistance
- Referrals to local social service agencies
- Assistance in filing out victim compensation claims
- Assistance with obtaining restitution
- Directions to courthouse

MISSION STATEMENT

The Sussex County Prosecutor's Office of Victim Witness Advocacy's mission is to ensure that victims of crime are treated with fairness, compassion and respect by the criminal justice system as mandated by Paragraph 22, Article 1 of the New Jersey Constitution

VICTIM WITNESS SERVICES

We all know about crime, but we don't expect it to involve us. We think of crime as something that happens to someone else. What happens if crime touches your life? What do you do, where do you go, and what can be expected of you? The Office of Victim Witness Advocacy can answer these questions for you. Specially trained Victim Advocates provide services to help victims of crime. If you have been the victim of a crime these services can provide the information and support you need, completely free of charge.

We are committed to your special needs and are here to offer to you our support and answer your questions about your vital role in our justice system. It is our hope that the services and information detailed in this pamphlet will help you to prepare for the events which you may encounter as your case proceeds to its conclusion.

THE SUSSEX COUNTY

OFFICE OF VICTIM

WITNESS ADVOCACY

...when crime touches you



Sussex County Prosecutor's Office

A Unit of the Sussex County
Prosecutor's Office

19-21 High Street
Newton, NJ 07860
973-383-1570
973-383-4929 FAX

Email us your questions or comments:

vw@scpo.sussex.nj.us

*New Jersey
Crime Victim's Bill of Rights
N.J.S.A. 52:4B-36
(Amended October 6, 2012)*

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, harassment or abuse by any person including the defendant or any other person acting in support of or on behalf of the defendant, due to the involvement of the victim or witness in the criminal justice process.
- d. To have inconveniences associated with participation in the criminal justice process minimized.
- e. To make at least one telephone call provided the call is reasonable in length and location.
- f. To medical assistance reasonably related to the incident.
- g. To be notified in a timely manner, if practicable, if presence in court is not needed or if any scheduled court proceeding has been adjourned or cancelled.
- h. To be informed about available remedies, financial assistance and social services.
- i. To be compensated for loss sustained by the victim 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 and to confer with the prosecutor's representative so that the victim may be kept adequately informed.

l. To the prompt return of property when no longer needed as evidence.

m. To submit a written statement, within a reasonable amount of time, about the impact of the crime to a representative of the prosecuting agency which shall be considered prior to the prosecutor's final decision concerning whether formal criminal charges will be filed, whether the prosecutor will consent to a request by the defendant to enter into a pre-trial program, and whether the prosecutor will make or agree to a negotiated plea.

n. To make, prior to sentencing, an in-person statement directly to the sentencing court.

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 rights 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 I, paragraph 22 of the New Jersey Constitution, and to receive an adjudicative decision by the court on any such motion.

2.

a. A victim's survivor may, at the time of making the in-person statement to the sentencing court authorized by subsection 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's 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 at 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.

It is not your fault

Sexual assault survivors often feel as if they are to blame or think they could or should have been able to prevent the assault. But sex assault is a crime, and the perpetrator is the one responsible. Help is available. The most important thing you can do is get support. You can confide in a friend, partner, family member or anyone you trust. Reach out to those who can help — a sexual violence advocate, a victim witness advocate, a crisis hotline or a counseling agency. They can have someone accompany you to the hospital, the police, prosecutor's office or to court.

It is also important to seek medical assistance. You may have sustained serious physical injuries you are not aware of during the assault. You may be at risk for sexually transmitted infections or pregnancy.

Talking about your feelings is never easy, but it is the key to healing, no matter how long ago the assault occurred. Most victims find they feel better if they have the opportunity to discuss confidentially and freely any issues or emotions they are experiencing because of their victimization.

Victim Resources in Sussex County

*Office of Victim Witness Advocacy
Sussex County Prosecutor's Office
(973) 383-1570*

*SANE Nurse
Sussex County Prosecutor's Office
(973) 579-8962*

*Domestic Abuse and Sexual Assault
Intervention Services (DASI)
(973) 300-5609*

*Ginnie's House - Sussex County's
Child Advocacy Center
(973) 579-0770*

*Victims of Crime Compensation
Office (VCCO)
(973) 648-2107*

*National Sexual Assault Hotline
(RAINN)
1-800-656-HOPE*

*NJ Coalition against Sexual Assault
(800) 601-7200*

Information for Victims of Sexual Assault



**Sussex County Prosecutor's
Office**

19-21 High Street
Newton, New Jersey 07860
(973) 383-1570

What is Sexual Assault?

Sexual violence can be a severe physical, emotional and sometimes life-threatening trauma. It encompasses a wide range of unwanted sexual activities and can happen to anyone regardless of age, racial or cultural background, gender identity/expression, sexual orientation or socioeconomic status.

It is not unusual to have a wide range of feelings afterwards, including anger, anxiety and depression and distrust. If you were a victim of a sexual assault, you might feel numb. You may have flashbacks, fear for your personal safety and experience changes in eating and sleeping. You may also experience memory problems and be unable to remember some, or all, of the assault. You may be unable to concentrate, or you may feel irritable. It may be difficult to complete routine chores. You might not trust people as you once did, even those closest to you.

It is important to remember that these reactions are common responses to your trauma. For most victims, these symptoms decrease over time. Eventually, you will be able to get back into a more normal routine, although you may occasionally have setbacks. It is also important to know that help is available.

What to Expect if Reported

The choice to speak with others about the crime, including law enforcement, is up to the victim. If you do choose to report the sexual assault, this is what to expect:

- Law Enforcement Officer will conduct an interview with you;
- You may be asked to submit to a Forensic Sexual Assault Examination;
- Law Enforcement may attempt to interview the suspect;
- Suspect may or may not give a statement;
- Law Enforcement will investigate.

Sometimes it is hard to decide whether or not you want to talk about the assault. A counselor, whose services are confidential, can help you weigh your options in making this decision. Your needs and desires are extremely important. With your cooperation, authorities may be able to apprehend and prosecute the perpetrator.

Additional Protections

NICOLE'S LAW

If charges are authorized, a victim of sexual assault can request a Sex Offense Restraining Order (SORO) pursuant to N.J.S.A. 2C:14-12; N.J.S.A. 2C:4-4.8, also known as Nicole's Law. Under this law, defendants charged or convicted of sexual offenses can be prohibited from having any contact with the victim.

SASPA

If charges are declined, a victim may still have the ability to obtain a protective order under the "Sexual Assault Survivor Protection Act of 2015" (SASPA). You may obtain an order and get more information regarding a SASPA by contacting Sussex County Courthouse — Family Division at (862) 397-5700 Ext. 75184.

Did you know that...

Over 700,000 women in the United States are sexually assaulted each year.

Over 75% of victims who report being sexually assaulted know their assailants.

Girls between the ages of 16 and 19 are three and a half times more likely to be victims of sexual assault or attempted sexual assault.

Male victims represent approximately 5% of reported sexual assaults. However, because males are far less likely than females to report sexual assault, the actual number of male victims is probably much higher than that percentage indicates.

Statistics have been compiled from a variety of sources, including: National Crime Victimization Survey, Bureau of Justice Statistics, American Medical Association, FBI, U.S. Department of Justice, Department of Health and Human Services.



DASI

SEXUAL ASSAULT SERVICES

PO Box 805, Newton, NJ 07860

Phone: 973-300-5609

Fax: 973-579-3277

24-Hour Helpline: 973-875-1211

TTY: 973-875-6369

Collect calls accepted.

E-mail: info@dasi.org

Website: www.dasi.org

DASI provides services to victims of sexual assault, incest and childhood sexual abuse, regardless of when the sexual assault occurred. These services are provided free of charge, regardless of gender, race, ethnicity, immigration status, religion, economic status, gender identity or sexual orientation. DASI also provides services to victims' families and significant others.

DASI...*working to end interpersonal violence*

DOMESTIC ABUSE & SEXUAL ASSAULT INTERVENTION SERVICES

**DASI SERVICES ARE
FREE & CONFIDENTIAL**

This project is funded entirely or in part by the NJ Department of Community Affairs Division on Women Member, New Jersey Coalition Against Sexual Assault

A United Way Member Agency



DASI

SEXUAL ASSAULT SERVICES

*No one deserves to be sexually assaulted.
If you have been sexually assaulted or abused,
you are not alone.
Help is available.
Healing is possible.*

DOMESTIC ABUSE & SEXUAL ASSAULT INTERVENTION SERVICES



DASI

...working to end interpersonal violence

SEXUAL ASSAULT SERVICES

973-300-5609

24-Hour Helpline: 973-875-1211

TTY: 973-875-6369

Collect calls accepted

WHAT IS SEXUAL ASSAULT?

Sexual assault is a broad term that includes any sexual behavior against another person that is forced, coerced, or manipulated, such as rape, sexual contact, child molestation and incest. Perpetrators of sexual assault may be friends, family member, acquaintances, dates, significant others, marital partners, co-workers or strangers.

Sexual assault has nothing to do with sexual desire. It is an act of violence to hurt and humiliate the victim and to exert power and control over his or her body.

Sexual assault can happen to anyone, at any time, in any place. It does not have to involve the use of a weapon.

If someone is drunk, high, disabled, or too young to say "no," having sex with that person is sexual assault. A person must give consent to having sex, and that consent must be informed and freely provided. Sexual assault is a serious crime.

SEXUAL HARASSMENT IS A FORM OF ABUSE

Sexual harassment is any unwelcome sexual advance, request for sexual favors or verbal or physical conduct of a sexual nature.

Sexual harassment happens in the workplace, in schools, in interpersonal relationships and in the community at large. It happens to males as well as females.

Sexual harassment can cause significant psychological and emotional harm.

The effects of sexual harassment should not be trivialized or underestimated.

DASI Sexual Assault Services can help victims of sexual harassment identify it, learn their rights, explore their options, and take appropriate steps toward ending it.

DASI SEXUAL ASSAULT SERVICES

ADVOCACY

All sexual assault victims are legally entitled to have a Confidential Sexual Violence Advocate (CSVA) present prior to and during any medical exam or police statement.

HOSPITAL & LEGAL ACCOMPANIMENT

CSVAs are available 24 hours a day, seven days a week, to accompany and support victims through the medical process and/or police report.

The confidentiality of communications between CSVAs and victims is protected by state statute N.J.S.A. 2A:84A22.15.

Advocates focus solely on the needs of the assault survivor, providing information, support and counseling that helps victims make informed choices regarding their medical treatment and legal decisions.

INDIVIDUAL COUNSELING

DASI provides counseling to survivors of sexual assault and childhood sexual abuse, as well as to their families or significant others.

COMMUNITY EDUCATION

An educated and aware public is the strongest defense against sexual assault. Education is the best tool for preventing sexual violence. DASI offers educational programs free of charge. For information about our Community Education Programs, please call DAS at 973-300-5609.

IF YOU HAVE BEEN SEXUALLY ASSAULTED OR ABUSED, YOU ARE NOT ALONE. THERE IS HELP AVAILABLE

DASI Sexual Assault Services assist victims of sexual assault, as well as their families and partners, by providing a variety of services in a supportive, non-judgmental environment.

DASI provides these services free of charge regardless of gender, race, ethnicity, immigration status, religion, economic status, gender identity or sexual orientation.

Our emphasis is on facilitating the empowerment of individuals so they can make their own decisions regarding their healing. We believe that the responsibility for rape or sexual assault lies solely with the perpetrator of the crime.

Counselors are available at all times to answer questions and to assist in getting you the services you need. Survivors of assault, or those close to them, are welcome to call for information about any aspect of dealing with abuse or assault.

DASI IS A MEMBER OF SUSSEX COUNTY SART [SEXUAL ASSAULT RESPONSE TEAM]

The Sussex County SART includes a Confidential Sexual Violence Advocate (CSVA), a Law Enforcement Investigator and a specially trained Sexual Assault Nurse Examiner. The SART team can be accessed by calling the DASI Hotline at 973-875-1211, within five days of the assault.



DASI
24-HOUR HOTLINE
973-875-1211