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**Office of the Attorney General**

**Department of Crime Victim Compensation Funding**

**Financial and Programmatic Report for Victim Services**

July 1, \_\_\_\_\_\_\_\_\_ to June 30, \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ **Judicial Circuit**

1. **Financial:**
2. **Appropriations:**
3. Line Item Appropriation by Prosecution Commission $ \_\_\_\_\_\_\_\_\_(recurring)
4. Allocation of funds from DCVC $ \_\_\_\_\_\_\_\_\_ (nonrecurring)

TOTAL Appropriations: $ \_\_\_\_\_\_\_\_\_

1. **Expenditures:**

Personnel Service $ \_\_\_\_\_\_\_\_\_

Contractual Services $ \_\_\_\_\_\_\_\_\_

Supplies $ \_\_\_\_\_\_\_\_\_

Travel $ \_\_\_\_\_\_\_\_\_

Equipment $ \_\_\_\_\_\_\_\_\_

Training $ \_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_

1. **Victim Services Personnel**:
2. Number of victim advocates \_\_\_\_\_\_ Full Time □ \_\_\_\_\_\_ Part Time □ \_\_\_\_\_\_
3. Is there an updated job description on file in human resources for victim advocates?

**Yes □ No □**

**If no, please ensure that within two months of this report the updated job description for victim advocates are on file with human resources.**

1. Have victim advocates received their Victim Services Provider Number (VSP#) through the Office of the Attorney General, Department of Crime Victim Services, Training, Provider Certification, and Statistical Analysis (DCVS)?

**Yes □ No □**

**If no,** **please ensure the process has started and within two months of this report the victim advocates have received their VSP#.**

1. Are victim advocates current and in compliance with their VSP certification with DCVS according to State law?

**Yes □ No □**

**If no,** **when do you anticipate the victim advocates becoming current and in compliance with their VSP hours according to State law?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Victims Served:**
2. **Check below the types of victims served by victim advocates during the reporting period:**

□ Criminal Domestic Violence □ Assaults

□ Criminal Sexual Conduct □ Attempted Murder

□ Child Physical Abuse □ Stalking

□ Child Sexual Abuse □ Lynching

□ Homicide □ Robbery

□ Burglary □ Kidnapping

□ Arson □ Felony DUI (death/injury)

□ Reckless Homicide □ All of the above

□ Hit & Run □ Vulnerable Adults

□ Underserved Population □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Check below the types of services provided by the Victim/Witness Assistance Program during the reporting period:**

□ Criminal justice support/advocacy □ Case file status

□ Courtroom assistance □ Referrals

□ Courtroom accompaniment □ Transportation

□ Victim Impact Statements Assistance □ All of the above

□ Assistance filing crime victim compensation □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Shelter/Safe House Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe services provided to crime victims in detail:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **List and describe any unique services to crime victims provided by the Victim/Witness Assistance Program during the reporting period:**

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1. **Total number of victims served during the reporting period:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Check below publications distributed to crime victims:**

□ Victim/Witness Brochure

□ Victim/Witness Flyer

□ Victim Impact Statement

□ Crime Victim Compensation Application

□ All of the above

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide information on how and when the publications noted above are distributed to crime victims:**

**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Outreach:**

**Describe the types of Outreach Services provided to crime victims during this reporting period:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Training:**
2. **List the specific types of DCVS Approved Trainings attended by the victim advocates during this reporting period:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **List DCVS approved and or other training events, if any, the victim advocates may have coordinated and or facilitated during this reporting period:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Victim Services Director/Coordinator Date**

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**Solicitor’s Signature Date**

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**Revised 01/23/2018**