



Alaska Victim Assistance Partnership

Victim Information Form

Date of Contact _____

VA Name/Agency/Phone _____

Victim Name _____

Contact Info. _____

Services Provided

Crisis Counseling	
Follow-up	
Info/Referral in Person	
Criminal Justice Support/Advocacy	
Emergency Financial Assistance	
Victim Comp Assistance	
Personal Advocacy	
Telephone Contact	
Shelter/Safehouse	
Group Treatment/support	
Written info on trauma	
Other	

Referral to Law Enforcement

Circle One: Yes/No

Name and Agency of Law Enforcement
Referral:

Follow-up Needed
