



# 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

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