



The following information provides general information on your rights as a crime victim and services available to assist you through the aftermath of the crime. A victim advocate is available to help you know and understand your rights, connect you to available services such as counseling, and assist you in applying for financial assistance with medical bills and other expenses. Because your case may involve interaction with many state and local agencies, an advocate will provide you with support and guidance as well as help you understand the legal system and what happens next in the process.

### Victims Compensation Assistance Program

You may be eligible to receive financial help with expenses directly related to the crime (e.g., medical and counseling expenses, loss of earnings, loss of support, stolen cash, relocation, funeral or crime scene clean up). A compensation form is attached.

### Offender Release Notification

You can register to receive free, automatic, confidential notifications regarding your offender while he/she is under the supervision of county jails, state prisons, or state parole. To learn more and to register, call 1-866-9PA-SAVIN (1-866-972-7284).

## Your Rights as a Crime Victim

- You have the right to receive information about basic services, including your eligibility to receive financial assistance.
- You have the right to provide input into the sentencing and post-sentencing decisions as well as on the offender's release, parole, community treatment, work release, etc.
- If the abuser named in the Protection From Abuse (PFA) order is jailed for either a violation of the order or for a personal injury crime against a victim protected by the order, then you have the right to receive immediate notice of his or her release on bail.
- You have the right to know the details of the final outcome of your case.
- You have the right to be accompanied to all criminal court proceedings by a family member, a victim advocate, or a support person.
- You have the right to be informed about the offender's status, including bail, escape, release, and arrest.
- You have the right to receive help in preparing an oral and/or written victim impact statement.

**For more information on your rights, please visit [www.pacrimevictims.com](http://www.pacrimevictims.com) or call any of the local victim service providers listed on this form.**

**[www.pacrimevictims.com](http://www.pacrimevictims.com)**

### Court Notifications

If the crime in which you were a victim is being prosecuted by the district attorney's office and you would like to be notified as the case moves through the system, please inform your advocate.

### Address Confidentiality Program

You may be eligible for enrollment in the Address Confidentiality Program (ACP) if you are a victim of domestic violence, sexual assault, or stalking. For more information about ACP, contact your local victim service program or call the ACP at 1-800-563-6399.

## Rights of Domestic Violence Victims

If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61) which could include the following:

- An order restraining the abuser from further acts of abuse.
- An order directing the abuser to leave your house.
- An order preventing the abuser from entering your residence, school, business, or place of employment.
- An order awarding you or the other parent temporary custody of or temporary visitation with your child or children.
- An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.

## Protection of Victims of Sexual Violence or Intimidation (PSVI) Act

The PSVI Act (42 Pa. C.S. § 62A) provides victims of sexual violence or intimidation with the right to ask for a court order that requires the offender to stay away from the victim, whether or not the victim seeks criminal prosecution.

The PSVI Act includes two types of court orders:

**A Sexual Violence Protection Order (SVPO)** can be requested for adult and minor (children younger than age 18) victims of sexual violence. SVPOs require the offender to stay away from the victim. Victims of sexual violence may be granted an SVPO in cases which do not involve a family/household or intimate relationship with the offender.

**A Protection From Intimidation Order (PFIO)** can be requested for minors (children younger than age 18) to protect them from harassment and stalking by an offender who is age 18 or older. PFIOs may be granted in cases which do not involve a family/household or intimate relationship with the offender.



## Office of Victims' Services

**Mailing Address:**  
P.O. Box 1167  
Harrisburg, PA 17108-1167

**Street Address:**  
3101 North Front Street  
Harrisburg, PA 17110

**Phone and Fax Numbers:**  
(800) 233-2339  
(717) 783-5153  
(717) 787-4306 (FAX)

**Website: [www.pacrimevictims.com](http://www.pacrimevictims.com)**

You may either complete and mail this form to the address listed above or file online at <https://www.dave.state.pa.us/daveprod>.

## Victims Compensation Assistance Program Short Form

*Please read the following before completing this form.*

**You may be eligible for compensation if:**

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days OR a Protection From Abuse order was filed within 3 days of the crime.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim.
- The claim is filed within 2 years after the discovery of the crime (there are exceptions when the victim is a child).
- You have paid or owe at least \$100 of any combination of the expenses listed below. If you are age 60 or over, there is no minimum loss requirement.

**You may be awarded compensation for:**

- Medical Expenses
- Counseling Expenses
- Loss of Earnings
- Loss of Support
- Relocation Expenses
- Funeral Expenses
- Crime-Scene Cleanup
- Transportation Expenses
- Childcare
- Home Healthcare Expenses
- Stolen Cash (If your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability or Court-Ordered Child/Spousal Support.)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

**The Program does not cover:**

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

**(800) 233-2339**

**HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA**

**[www.pacrimevictims.com](http://www.pacrimevictims.com)**

**Victims Compensation Assistance Program Short Form**

(For Official Use Only) Claim # \_\_\_\_\_

Please complete this entire section of the form. To process your claim, we must be able to contact you.

**Victim Information**

Male  Female

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_ Safe Daytime Phone \_\_\_\_\_ Other Safe Phone \_\_\_\_\_

**Claimant Information**

If victim is the claimant, write "SAME." If someone other than victim is filing, complete the entire section.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_ Safe Daytime Phone \_\_\_\_\_ Other Safe Phone \_\_\_\_\_  
 Male  Female Relationship to Victim \_\_\_\_\_

**Crime Information**

Date of Crime \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to Police \_\_\_\_/\_\_\_\_/\_\_\_\_ or Date PFA filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Was this a crime of domestic violence?  yes  no Did the crime involve a motor vehicle?  yes  no  
 Did the crime occur at work?  yes  no  
 Location of crime (street name and number) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
 Police Department \_\_\_\_\_ Police Incident # \_\_\_\_\_  
 Person(s) who committed the crime \_\_\_\_\_  
 Briefly describe crime and injuries: \_\_\_\_\_  
 \_\_\_\_\_

Please complete the section(s) for the benefit(s) you are applying for and provide as much of the requested information that you can at this time. The Program may request additional information once the claim is received.

**Benefit: Medical/Counseling Expenses**

Did you incur medical expenses?  yes  no  
 Did you incur counseling expenses?  yes  no  
 Provide itemized medical or counseling bills.  
 Do you have insurance to cover your medical/counseling expenses?  yes  no  
 If **yes**, provide insurance benefit statements showing payment or rejection of payment for these bills.

**Benefit: Funeral Expenses/Loss of Support**

Did you incur funeral expenses?  yes  no  
 Did you receive any monies due to the death? (Veteran's benefits, life insurance, Social Security)  yes  no  
 Were you or others financially dependent on the deceased victim?  yes  no  
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

**Benefit: Loss of Earnings**

Did you miss work and lose pay?  yes  no  
 Dates you missed work \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Employer's name, address, and phone number:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Doctor's name, address, and phone number who can verify you missed work because of the crime:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Benefit: Stolen Cash**

Did you have money stolen from you?  yes  no  
 Amount of money stolen \$ \_\_\_\_\_  
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.  
 Social Security Benefit  Retirement/Pension(s)  
 Disability  Court-Ordered Child/Spousal Support  
 Provide a copy of your monthly benefit statement for the month and year of the crime.  
 Do you have homeowner's/renter's insurance?  yes  no  
 If **yes**, provide a copy of your insurance declaration page.  
 Are you required to file IRS tax returns?  yes  no  
 If **yes**, provide a copy of your most recent tax returns.



**pennsylvania**  
COMMISSION ON CRIME  
AND DELINQUENCY

# PENNSYLVANIA CRIME VICTIMS

## Receipt of Information

I acknowledge receiving my basic rights as a crime victim  
and information on related services available to me.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
INCIDENT NUMBER

\_\_\_\_\_  
SAFE CONTACT NUMBER

(The completed and signed copy of this form  
shall be retained by Law Enforcement.)