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POLICY/PROCEDURE NUMBER: 06-C.I.-002      Page 1 of 9 with four Appendices

SUBJECT:      VICTIM AND WITNESS ASSISTANCE

EFFECTIVE DATE:    January 7, 2015

REVIEW DATE: January 7, 2016

AMENDS/SUPERSEDES:    March 7, 2008 version; January 27, 2010 version; February 16, 2011 version; January 8, 2014 version.

IACLEA STANDARDS:    13.3.1, 13.3.2, 13.3.3, 13.3.4

CSU POLICE DEPARTMENTS SYSTEMWIDE OPERATIONAL GUIDELINE - YES

APPROVED:    Anne P. Glavin, Chief of Police

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## I.      PURPOSE

This directive establishes guidelines and reporting responsibilities when victims and witnesses of crimes have been affected by a criminal act.

The purpose of this directive is to assist departmental personnel when providing services to victims/witnesses of the campus community. The department's victim witness assistance program goes beyond the financial aspects of victimization and deals with the emotional side of crime including the feelings of isolation, anger, fear, and confusion. Crime victims' and witnesses' needs are not always adequately met. This program provides immediate assistance, day or night, in the form of counseling, companionship, transportation, food, shelter, clothing, or other emergency services needs through partnerships with a variety of state, city, county, university, and other local support organizations. The program provides follow-up care by identifying and contacting those agencies and resources that are needed. When victims and witnesses of crime have been affected by a criminal act resulting in the death or injury of a family member or friend, the loss of personal effects, or by the witnessing of a criminal act, it is important that they receive timely and appropriate assistance to address emotional stress.

## II.     POLICY

The California State University, Northridge Police Department will treat victims and witnesses with fairness, dignity and compassion. To ensure full support for victims, the Police Department follows guidelines furnished in the Constitution of the State of California, Victims' Bill of Rights.

### III. DEFINITIONS

- A. Single Point of Contact: A specific person, position, organizational\_component, or phone number.
- B. Victim: A person who suffers physical, emotional, or financial harm as the direct result of a specified crime committed upon his/her person or property. Any of the following constitute a specified crime: all felonies and all misdemeanor crimes against the person. Also regarded as victims are:
- 1) A spouse, child, parent, or legal guardian of a minor, and
  - 2) A spouse, child, sibling, parent, or legal guardian of a homicide victim.
- The definition excludes the perpetrator, accomplice, or any other person involved in a crime.
- C. Victim Advocate: A person authorized by the department to assist victims in special ways and/or a person specially trained to assist victims of crimes with support services. As stated in Policy/Procedure 03-S.O.001 (Sexual Assault Response and Investigation), the department's advocate is the Special Assistant to the Chief of Police.
- D. Witness: A person who, as determined by the law enforcement agency, has information or evidence relevant to the investigation of a specified crime. All victims are witnesses.

### IV. PROCEDURES

#### A. Victim/Witness Needs Analysis

The Detective Sergeant, Special/Sensitive Crimes Unit, in consultation with the Special Services Captain, will analyze victim/witness program assistance needs and available services annually. The analysis should include a review of CSUN police reports, the annual UCR and CSUN Clery Act reports, and LAPD - Devonshire crime statistics to chart crime trends at CSUN and research additional resources, if any, for victims. Upon completion of the analysis, a written report of findings will be made to the Special Services Captain and Chief of Police.

#### B. Implementation and Delivery of Victim/Witness Assistance Services by Agency Personnel

- 1) The Detective Sergeant, Special/Sensitive Crimes Unit, shall track services and information. Field officers and/or supervisors will provide victims with forms, information and personal interaction on a 24-hour basis.
- 2) The Records Administrator, in consultation with the Investigations Unit, will ensure that all forms and information are made available to both the officers and victims.
- 3) The Detective Sergeant, Special/Sensitive Crimes Unit, will ensure that the Investigations Unit maintains an updated list of social service agencies and shall

supervise the implementation of the department's victim and witness services/program.

- 4) The department's Training and Professional Development Coordinator will coordinate related victim/witness assistance training. Training shall include in-service, specialized courses, and the Field Training Program.
- 5) The Detective Sergeant, Special/Sensitive Crimes Unit, will coordinate the Investigations Unit's efforts in maintaining liaison with the District Attorney's Victim-Witness Office; The City Attorney's Victims Assistance Program; the State Attorney General's Office; and the California Department of Justice on available services.
- 6) The Investigations Unit, under the coordination of the Detective Sergeant Special/Sensitive Crimes Unit, will serve as liaison to both government and community based victim/witness services to identify appropriate resources for victims needing immediate emergency assistance as a result of domestic violence, dating violence, stalking, sex crimes, workplace harassment, child/elder abuse, or other related crimes. Resources will include referrals for counseling, emergency housing, temporary restraining orders, safety plan information for victim(s), co-workers, friends, and family members as needed, and contacts with government support programs such as the District Attorney's Victim-Witness Assistance Program, Family Violence Project, the City Attorney's Victim Assistance Program, and the National Center for Missing and Exploited Children.
- 7) Three safety plan templates (Extreme/High Risk, Elevated Risk, and Domestic Violence Risk) have been developed for Threat Assessment Investigators, two of which (Elevated Risk and Domestic Violence Risk) are authorized for use by patrol personnel in the course of their work. All safety plans are to be personally crafted for the protectee given the unique set of circumstances and provided the protectee in person. Should an exceptional circumstance exists whereby the protectee is not available to meet in person, the Captain of Special Services shall be contacted for approval to send the safety plan via fax or email, after which the plan must be immediately discussed with the protectee via the telephone. If the safety plan is sent electronically, a date/time is to be set with the protectee to review the plan in person as soon as reasonably possible (i.e., upon their return to campus or drive to their residence if they reside in a close proximity to the university). Only trained Threat Assessment Investigators may issue an Extreme/High Risk safety plan. Issued safety plans shall be documented within a related RIMS report with an email sent by the reporting officer/investigator to the Threat Assessment Manager (Captain of Special Services) and Threat Assessment Unit Supervisor (Detective Sergeant – Special/Sensitive Crimes Unit) verifying that a safety plan was issued. The Threat Assessment Unit Supervisor shall follow-up with the protectee within 24 business hours of the issued safety plan. Safety plan templates may be found electronically on the "P:Police\Data\Forms" server or in hardcopy within the report writing document slots in the DPS first floor hallway.
- 8) The assigned Police Officer is responsible for providing all victims and/or witnesses with a CSUN Department of Police Services "Law Enforcement Information for Victims and Witnesses of a Crime" brochure referencing the investigating officer's name and badge number, police case number, and where appropriate, furnishes basic information (re: a contact person, telephone numbers, victim assistance programs, medical treatment, counseling, victim advocacy, case status, and information regarding subsequent steps in the processing of the case, to include the criminal justice/prosecutorial process).

- a) Police Officers' demeanor in processing the case must be reassuring to victims and witnesses, treating them with fairness, dignity, and compassion. Victims and witness are to be advised by the investigating officer that follow-up will be provided to all victims/witnesses where appropriate or at their request.
- b) In accordance with Section 6254 of the Government Code, the victims of all sexually related crimes will be given the option by the investigating officer(s) of not having any personal information released (Appendix A - Request of Confidentiality of Information). The victim must sign the completed form, unless the victim's medical condition makes it impossible for him/her to sign. The investigating officer, in rare instances, may sign the form for the victim. In all cases where the victim refuses to sign the form, the investigating officer will note such refusal in the police report. Once the form is completed, the report will be provided to the records coordinator who will affix the form as a cover sheet to the police report and ensure that it is scanned into the applicable RIMS report under Appendices. In addition, the investigating officer shall list the victim as a Confidential Person within the RIMS system. The signed form and RIMS notation will immediately alert persons handling such a report that the victim does not want his/her personal information released.
- c) If reasonably possible, the victim of a sexual assault (so long as they are a University Park or Village resident) is to be provided with information by the investigating officer concerning alternative living space that is potentially available through the university residential life department.
- d) The investigating officer shall notify victims of violent crimes of the California State program entitled "Victims of Violent Crime Program" and the provisions of Government Code Section 13959 et. seq., advising them of the benefits provided them in California law, which includes the receipt of restitution for the pecuniary loss they suffered as a direct result of the crime. Penal Code section 13897 establishes provisions for resource centers to provide services to crime victims. Generally, a victim will have a period of one year in which to file a claim with the State of California as specified in Government Code section 13961(c).
- e) Investigating officers shall ensure they provide victims of violent crimes with the Los Angeles County District Attorney's Office "Victims – Know Your Rights" brochure detailing Victims' Rights, Marsy's Card and Resources pamphlet, the District Attorney's Victim-Witness Assistance Program, and Los Angeles County Victim Centers. In addition, victims of violent crimes who express their desire to seek assistance allowed by California law shall be given an application form as required by Government Code section 13968(c). The State of California website link to the application is <http://vcgcb.ca.gov/VCAApp.htm>. Distribution of this brochure and/or the State Victim of Violent Crime Application (Appendix B) shall be documented within the officer's RIMS report. The officer's shift supervisor shall review the report to ensure that the investigating officer has complied with the law.
- f) The Police Officer or Sexual Assault Investigator assigned to the case will serve as the primary contact for the victim/witness to report

additional information regarding their case, unless otherwise assigned by the Detective Sergeant, Special/Sensitive Crimes Unit.

- g) The victim/witness will be instructed to call one or all of the following to obtain additional victim/witness services during the investigation process or to request information regarding additional support services: the California State University, Northridge Department of Police Services Investigations Unit at 818-677-3826/3901; the Department's rape crisis advocate at 818-677-7922; the 24-hour non-emergency business line (818-677-2111) if the need arises for assistance after normal business hours (Monday through Friday 8 a.m. to 5 p.m.); or the Los Angeles District Attorney's Office at 818-898-2406. After normal business hours, the shift supervisor will perform, or cause to have performed, liaison duties and to arrange for emergency victim services as required. If the case has already been forwarded to the Investigations Unit for follow-up investigation, the investigator assigned to the case will be contacted immediately. If he/she is not available, the Detective Sergeant, Special/Sensitive Crimes Unit, will determine a course of action regarding the requested or needed assistance.
  - h) If additional services are needed or requested, the victim will be provided with information regarding the Los Angeles County Victim Witness Assistance Program for support services, (e.g., medical and funeral services, lost wages, transportation), and victim/witness advocacy other than Strength United (formerly The Valley Trauma Center).
- 9) By request, the Investigations Unit will assist with the initial scheduling of appointments with the Los Angeles County Victim Witness Assistance Program, Strength United and/or identification of alternative referral services including basic California State University, Northridge sponsored resources such as the Women's Resource Center and Student Health Center. A referral to Counseling Services will be provided to the victim of a sexual assault (264.2 P.C.) or other violent crime if the victim so desires.
  - 10) The department's services and telephone numbers are available to the victim/witness from the Dispatch Center on a 24 hours, 7 days a week basis.
  - 11) A victim/witness will be provided oral instructions on obtaining a copy of the police report through the records unit, if requested or desired. The officer will explain confidentiality policies (per California Penal Code 841.5) relevant to the victim and ensure they are aware of and understand the Department's Confidential Victim of Sex Crimes or Violence Waiver.
  - 12) The department will provide information on Crime Prevention and victim/witness assistance in the federally mandated Crime Awareness and Campus Security Act Report (Clery Publication) via referral to the department's website and/or hard copy version or by contacting the Community Relations Unit at 818-677-7922. Additional information on victim/witness services will be included in presentations and new employee/student orientations, and emergency alert bulletins to the media, campus community and the public when appropriate.
  - 13) The department will investigate and provide victim/witness services for all Title IX and Violence Against Women Reauthorization Act (VAWA) incidents. Under Title IX of the Education Amendments of 1972, 20 U.S.C §§1681 et seq., and its implementing regulations, 34 C.F.R. Part 106, discrimination on the basis of sex in education programs or activities is prohibited. Title IX requires the university to take immediate action in assisting victims/witness with eliminating

incidents of harassment/violence, preventing its recurrence, and remedying its effects. Under VAWA, colleges and universities are required to maintain institutional policies that provide victims the following: victims' option to, or not to, notify and seek assistance from law enforcement and campus authorities; victims' rights and institutional responsibilities regarding judicial no-contact, restraining, and protective orders issued by a state, federal, or tribal criminal or civil court; and how the institution will protect the confidentiality of victims and other necessary parties. In accordance with VAWA and CSU Executive Order 1095, officers shall provide victims of sexual violence with a written explanation of his or her rights and options. Officer(s) investigating a Title IX and/or VAWA incident shall refer to department policy 02-S.O.-001: Sexual Violence Response, Investigation, Title IX, and VAWA Response for specific victim response and assistance requirements.

#### C. Appropriate Assistance

The Police Department will provide appropriate assistance to any victim/witness who has been threatened, intimidated, further victimized, or has a credible reason for fearing intimidation or victimization. All services will be coordinated with the reporting jurisdiction/agency. In the event that a victim/witness aids a suspect accused of a crime, the Investigations Unit will review the level of aid and may, as a result, curtail victim/witness services.

- 1) "Appropriate assistance" is determined by the resources available to the agency and, if possible, is commensurate with the danger and degree of risk faced by the victim/witness. This may include but is not limited to, an escort to their vehicle, home, or to a "safe house," relocation of work site, security and safety assessment of work site and home (part of the safety plan), employer notification, or (based on risk and endangerment) assistance with enrollment in the Los Angeles County District Attorney's Office Witness Protection Program. Threat assessments are the responsibility of the Investigations Unit.
- 2) Dialing 911 on campus provides victims/witnesses with immediate emergency assistance at any time, 24 hours a day, 7 days a week.

#### D. Follow-up Investigation

During the investigation process, the officer assigned or a designated detective within the Investigations Unit will maintain contact with the victim/witness. The following assistance will be provided to the victim/witness during the follow-up investigation:

- 1) Re-contacting the victim/witness periodically to determine if his/her needs are being met in cases where the crime or the impact of the crime on the victim, in the opinion of the Investigations Unit, is unusually severe and has triggered additional need for support services. Re-contacting will generally occur via written correspondence or telephone, as deemed appropriate by the officer or investigative staff. All telephonic re-contact with the victim will be documented in a supplemental report within the RIMS System. Copies of written correspondence to the victim will be placed in the case file.
- 2) Providing explanation, to victim/witness, of the procedures involved in the prosecution of their case and their role in those proceedings, as long as it is not an endangerment to the successful prosecution of the case.

- 3) Scheduling photo line-ups, interviews, and other required appearances at the convenience of the victim/witness and, at the discretion of the investigator, providing reasonable transportation.
- 4) Returning promptly a victim's property which was taken as evidence, if feasible and where permitted by law or rules of evidence (except for contraband, disputed property, and weapons used in the course of the crime).
- 5) Providing a victim advocate, if needed, via a contact number to the Victim Witness Assistance Program.

#### E. Arrest of Suspects

Victim/witness services to be rendered upon arrest and during post-arrest processing of the suspect include:

- 1) Officers who arrest a subject shall work with the Investigations Unit to ensure that the victim is notified that an arrest has been made.
- 2) The victim/witness will be advised of the charges and custody status of the arrestee.
- 3) The victim will be notified of the court date, time, and location of the arraignment/trial.
- 4) The victim will be provided a Los Angeles County Victim Information & Notification Everyday (VINE) form, (Appendix C), with the Inmate's name and booking number. VINE is a free, 24-hour telephone service that allows victims to check on the status of inmates in custody within the Los Angeles County jail system and to register for automatic notification when an inmate is released or transferred. The Los Angeles County Sheriff's Department link to VINE Program information is: [http://www.lasd.org/lasd\\_services/vine.html](http://www.lasd.org/lasd_services/vine.html)

#### F. Next-of-Kin Notification

##### 1) Public Citizen Notification

- a) If a citizen becomes seriously ill or injured, or another emergency occurs within this department's jurisdiction, next-of-kin notification in person is preferred, but notification by telephone is permissible. The following information should be provided:
  - i) Brief, accurate account of the injury or illness to include date, time, and location of occurrence, and the name, address, and telephone number of the medical facility where the victim is located.
  - ii) If criminal activity is involved, investigative information should not be disclosed other than whether an arrest was made. The next-of-kin should be provided with the name, rank and work telephone number of the investigator in charge of the investigation.
- b) If the incident involves the death of a California State University, Northridge student, the Chief of Police or her/his designee shall be contacted as soon as possible. The Chief will determine who in the

University administration will be notified and who will make the notifications.

Upon the death of a CSUN student, the Chief will notify the Office of the Vice President for Student Affairs, who shall provide for the coordination and implementation of actions that are appropriate to the circumstance of the reported death as per University Policy. The Vice President for Student Affairs shall notify the University President, all Vice Presidents, appropriate academic dean(s), Chief of Police (if reported from an external person or entity), Director of Counseling Services, and the Director of Public Relations and Strategic Communications. All notifications made by University Police personnel will be documented in the RIMS incident report narrative.

- i) Death notifications made by University Police will be made to the next-of-kin or guardian in person whenever possible, and only in consultation with the Los Angeles County Coroner's Office. If the next-of-kin resides outside a reasonable vicinity of the university, notification by a law enforcement agency or a CSU police agency where the next-of-kin resides is preferred.
- ii) The notification should be done in private, unless the presence of other persons seems advisable. Other persons may include another family member, close friend or clergy.
- iii) Notification will not include details of a criminal investigation other than if an arrest was made. A family's request for information will be forwarded to the investigator in charge.

## 2) Police Department Employee Notification

- a) The on-the-job death or serious injury of a Police Department employee will be immediately reported to the Chief of Police.
- b) The Chief of Police or designee will be responsible for the next-of-kin notification.
- c) Department employees will be notified of the incident by a supervisor during shift briefing and other appropriate means for non-sworn staff.
- d) The department will hold a debriefing session within a short period, not to exceed 48 hours, with employees directly involved in the incident. Counseling will be made available immediately, and will be encouraged for these individuals.
- e) The California Peace Officers' Association *Line of Duty Death Notification System Handbook* will be utilized as a guide for victim/witness assistance services to be rendered to department personnel and their families following line-of-duty deaths and serious injuries. [<http://www.cpoa.org>]
- f) The Chief of Police or his/her designee will notify the Chancellor's Office and Systemwide Police Coordinator of the incident as soon as possible as per CSU protocol.

G. Generally the victim will have a period of one year in which to file a claim with the state of California. (Government Code Section 13961).



- H. In order to ensure compliance with state law, Investigations Unit staff reviewing reports involving victims of violent crime will ensure that the following categories of reports and all supplemental reports are forwarded to Victim Services in each county for appropriate notification follow-up.

187 P.C.	243.4 P.C.	288 P.C.
203 P.C.	245 P.C.	289 P.C.
207 P.C.	261 P.C.	20001 P.C.
209 P.C.	273(d) P.C.	23101 P.C.
211 P.C.	273.5 P.C.	23153 P.C.
242 P.C.	285 P.C.	

V. APPENDICES

- A. Request for Confidentiality of Information
- B. Application for Crime Compensation
- C. Victim Information & Notification Everyday (VINE) Form
- D. California Attorney General's Office "*Marsy's Card and Resources*"

VI. REFERENCED BROCHURES

- A. Los Angeles County District Attorney's Office "*Victims: Know Your Rights*"
- B. California State University, Northridge Police Department "*Law Enforcement Information for Victims and Witnesses of a Crime*"

APPENDIX "A"

Attachment "A"

California State University,  
NORTHRIDGE  
Department of Public Safety  
University Police Division



**REQUEST FOR CONFIDENTIALITY OF INFORMATION**

Law enforcement authorities are required by law to release certain information on crime reports upon request, as a matter of public record. If someone asks for information on this crime report, your name will be released with the information unless you request that your name be kept confidential pursuant to Section 6254 of the Government Code. Sex offenses as defined in Section 6254 of the Government Code include Penal Code Sections 220, 261, 261.5, 262, 264, 264.1, 273(a), 273(d), 273.5, 286, 288, 288(a), 289, 422.6, 422.7, 422.75 and 646.9.

By initialing the appropriate statement below and signing this form, you are informing law enforcement agencies and the courts of your choice for confidentiality.

<input type="checkbox"/>	I hereby exercise my right to confidentiality and request that my name not become a matter of public record pursuant to Section 6254 of the Government Code and 293 PC.
(Victim's Initials)	
<input type="checkbox"/>	I hereby decline to keep my name confidential.
(Victim's Initials)	
<input type="checkbox"/>	The victim is a minor without a parent or guardian present. The below signed authorized agent hereby exercises the right of privacy for the minor and requests that the victim's name not become a matter of public record pursuant to Section 6254 of the Government Code.
(Officer's Initials)	

I, \_\_\_\_\_, advised victim (named below), that her/his name will become a matter of public record unless she/he requests that it be kept confidential.  
(officer advising)

Name: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: Female Male D.O.B. \_\_\_\_\_  
Last First Middle Month/Day/Year

Residence Address: \_\_\_\_\_  
Street City State Zip

University or Business Address: \_\_\_\_\_  
Street City State Zip

Residence Phone #: (\_\_\_\_) \_\_\_\_\_ University/Business #: (\_\_\_\_) \_\_\_\_\_

Signature of Victim: \_\_\_\_\_

Reporting Officer's Name: _____	Date: ____/____/____	Time: _____
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APPENDIX "B - page 1"

ATTACHMENT B

Application For Crime Victim Compensation

Solicitud Para Beneficios de Compensación Para Las Víctimas



complete sections 1-12 to the best of your ability / Complete por favor las secciones 1-12 a lo mejor de su habilidad:

Claim Number:

**Section 1 Personal Information / Información Personal**

Crime Victim Information / Información de la Víctima:  
(Person who was injured / La persona que sostuvo la herida)

First Name / Primer Nombre:	Middle / Inicial:	Last / Apellido:	
Mailing Address / Domicilio:	Apt / Unidad:	City / Ciudad:	State / Estado: Zip / Zona:
Home Telephone / Teléfono del día: ( )	Work Telephone / Teléfono del trabajo: ( )	Cell / Celular: ( )	
Date of Birth / Fecha de nacimiento: Month / Mes Day / Día Year / Año	Social Security / Seguro Social:	E-Mail / Correo electrónico:	
Gender / Género: <input type="checkbox"/> M <input type="checkbox"/> F	If victim is deceased, date of death / Fecha de fallecimiento si ha fallecido: Month / Mes Day / Día Year / Año		
From the date of the crime to the present, has the victim been in prison, on probation, or on parole because of a felony? ¿Desde el crimen, la víctima ha estado en la prisión, en libertad vigilada, o en libertad condicional por una felonía?			<input type="checkbox"/> Yes / Sí <input type="checkbox"/> No

**Applicant Information / Información del Apicante:**

(Fill in this section if the victim is a minor, incapacitated, or deceased / Llene esta sección si la víctima es un menor, incapacitado, o difunto)

First Name / Primer Nombre:	Middle / Inicial:	Last / Apellido:	
Mailing Address / Domicilio:	Apt / Unidad:	City / Ciudad:	State / Estado: Zip / Zona:
Telephone / Teléfono del día: ( )	Work Telephone / Teléfono del trabajo: ( )	Cell / Celular: ( )	
Date of Birth / Fecha de nacimiento: Month / Mes Day / Día Year / Año	Social Security / Seguro Social:	E-Mail / Correo electrónico:	
Gender / Género: <input type="checkbox"/> M <input type="checkbox"/> F	Your relationship to victim / Su relación a la víctima:		
From the date of the crime to the present, has the applicant been in prison, on probation, or on parole because of a felony? ¿Desde el crimen, la apicante ha estado en la prisión, en libertad vigilada, o en libertad condicional por una felonía?			<input type="checkbox"/> Yes / Sí <input type="checkbox"/> No

**Section 2 Representative Information / Información del Representante**

List your Victim Witness Assistance Center, attorney, or other representative, if you have one. A representative is not required in order to apply. / Víctima Testigo Centro de Asistencia, abogado, u otro, si tiene un representante. Un representante no es requerido para aplicar.

First Name / Primer Nombre:	Last / Apellido:	Telephone / Teléfono: ( )
Mailing Address / Domicilio:	City / Ciudad:	State / Estado: Zip / Zona:
Relationship to victim / Relación a la víctima:	Representative's signature / Firma del representante:	Date / Fecha:
Victim Witness Center Name and No / Víctima Testigo Centro de Asistencia:		

For Attorneys Only / Soló Para Abogados: Are you requesting payment pursuant to Government Code Section 13957.7(g)?  Yes  No  
State Bar No: Federal Tax ID:

**Section 3 Emergency Award / Solicitud de Emergencia**

Emergency awards may be requested if you have a financial hardship and/or an immediate need. If you request an emergency award, you must attach a letter explaining your financial hardship and/or immediate need. If you do not attach a letter of explanation, your application may not be treated as an emergency award. Do you want to request an emergency award?  
La solicitud de emergencia se pueden solicitar si usted tiene una dificultad financiera y/o una necesidad inmediata. Si usted solicita la solicitud de emergencia, usted debe incluir una carta que explica su dificultad financiera y/o la necesidad inmediata. Si usted no incluye la carta de explicación, su aplicación no se puede tratar como una solicitud de emergencia. ¿Quiere usted solicitar una solicitud de la emergencia?

APPENDIX "B - page 2"

**Section 4 Crime Information / Información Sobre el Crimen**

Name of law enforcement agency the crime was reported to / Nombre de la agencia policial, CPS, o agencia a quien se le reportó el crimen: (includes child protective services)

Date of crime / Fecha del crimen: Date crime was reported / Fecha del crimen que fue reportado: Crime Report No / Número Reporte de Crimen:

Location of crime / Lugar del crimen: Type of crime / Tipo de Crimen:

Describe injuries / Describa las lesiones:

Person(s) who committed the crime (suspect), if known / Persona(s) que cometió el crimen (sospechoso), si es conocido:

First Name / Primer Nombre: Middle / Inicial: Last / Apellido:

**Section 5 Information About Your Expenses / Información Sobre Sus Pérdidas**

Check the crime related expenses/losses for which you are seeking compensation from the Victim Compensation Program. You must attempt to recover your losses from any/all other source(s). / Marque los gastos/pérdidas por los cuales está buscando compensación del Programa de Compensación a la Víctima. Debe tratar de recuperar sus pérdidas de cualquier y todo otro recurso(s).

- |  |   |
|--|---|
| <input type="checkbox"/> Medical or dental expenses<br>Gastos médicos o dentales   | <input type="checkbox"/> Funeral and/or burial expenses<br>Gastos de funeral y/o entierro                             |
| <input type="checkbox"/> Mental health treatment or counseling<br>Asesoramiento o tratamiento para la salud mental   | <input type="checkbox"/> Crime scene clean-up (homicide only)<br>Limpieza del lugar del crimen (solo para homicidios) |
| <input type="checkbox"/> Lost income, if you missed work because of the crime<br>Pérdida de ingresos, si resulta fuera del trabajo por el crimen             | <input type="checkbox"/> Home security improvements<br>Mejoras en el sistema de seguridad del hogar                   |
| <input type="checkbox"/> Loss of support, for dependents of a deceased or disabled victim<br>Ayuda para dependientes de una víctima fallecida o incapacitada | <input type="checkbox"/> Moving or relocation expenses<br>Gastos de mudanza o traslado                                |
| <input type="checkbox"/> Home or vehicle modifications for a disabled victim<br>Modificaciones (casa/vehículo) para una víctima incapacitada                 | <input type="checkbox"/> Job retraining for a disabled victim<br>Entrenamiento de trabajo a causa del crimen          |

If you do not yet have any crime related expenses and don't expect any soon, please complete the application, check the box below, and mail it in; however it may not be processed until you submit expenses. Si usted no tiene gastos todavía y no espera ningún gasto pronto, completar la aplicación por favor, marque la caja, y mandarla; aunque no sera procesada hasta que usted someta sus gastos.

If you have no expenses now, but expect to have expenses in the near future, check the box below and we will immediately process your application / Si usted no tiene gastos ahora pero espera contraer gastos en el futuro, marque la caja y procesaremos su aplicación.

I do not have expenses at this time. Yo no tengo gastos en este momento.  I will have expenses soon, please let me know if I qualify for compensation. Tendré los gastos pronto, permíame saber si califico para la compensación.

If you have expenses now, list hospitals, counselors, funeral homes, or other bills. Si usted tiene gastos ahora, liste los hospitales, los consejeros, las funerarias, u otras cuentas. (Please attach copies of any crime related bills / Por favor mandar copias de cuentas relacionadas del crimen junto de esta solicitud)

Name / Nombre: Street Address / Domicilio: City / Ciudad: State / Estado: Zip / Zona: Telephone / Teléfono: ( )

**Section 6 Insurance Information / Información de Reembolso (Recuperación)**

Please check all available sources that could be applied to your claim. List insurance contact information below or on an additional sheet. / Por favor marque todas las fuentes disponibles que podría ser aplicada a su reclamo. Si marco alguna caja indique la información en la siguientes líneas. Si necesita más lugar puede adjuntar otra oja.

Health / Salud  Medi-Cal  Medicare  Auto  Workers' Compensation / Compensación Laboral  Homeowners/Renters / Dueño de casa/alquilador  None / Ninguno  Other / Otro: \_\_\_\_\_

Insurance Company Name / Nombre de compañía de seguro:

Billing Address / Domicilio: City / Ciudad: State / Estado: Zip / Zona:

Policy Number / Número de Póliza: Telephone / Teléfono: ( )

Name of Insured / Nombre del asegurado: Social Security of Insured / Seguro Social del asegurado:

Have you filed an insurance claim related to this crime? / ¿Ha entablado una acción de seguro relacionado a éste crimen?  Yes / Si  No  Undecided / No me he decidido

APPENDIX "B - page 3"

**Section 7 Civil Suit Information / Información de una Demanda Civil**

Have you filed a civil suit related to this crime? / ¿Ha presentado una demanda civil relacionado a este crimen?  Yes / Si  No  Undecided / No me he decidido

Attorney's Name / Nombre del abogado:		Telephone / Teléfono: ( )	
Mailing Address / Domicilio:	City / Ciudad:	State / Estado:	Zip / Zona:

**Section 8 Victim's Employer Information / Información del Empleador de la Víctima**

Employer's Business Name / Nombre de la empresa del empleador:

Contact Person / Persona para contactar:

Name / Nombre:	Street Address / Domicilio:	City / Ciudad:	State / Estado:	Zip / Zona:	Telephone / Teléfono: ( )
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Is or was the victim self-employed? / ¿La víctima está/estaba autoempleada?  Yes / Si  No

Did the victim miss work as a result of crime-related injuries? / ¿La víctima perdió tiempo de su trabajo debido a lesiones causadas por el crimen?  Yes / Si  No

Did the crime occur while the victim was on the job or at the workplace? / ¿El crimen ocurrió durante del trabajo o lugar del trabajo?  Yes / Si  No

**Section 9 How did you find out about the Program? / ¿Cómo se enteró del Programa?**

<input type="checkbox"/> Law Enforcement Policía	<input type="checkbox"/>	<input type="checkbox"/> Children's Protective Services Servicios de Protección a Menores	<input type="checkbox"/>	<input type="checkbox"/> Mental Health Provider Proveedor de la Salud Mental
<input type="checkbox"/> District Attorney Fiscal del Distrito	<input type="checkbox"/>	<input type="checkbox"/> Adult Protective Services Servicios de Protección para Adultos	<input type="checkbox"/>	<input type="checkbox"/> Victim Witness Assistance Center Centro de Asistencia a Víctima Testigo
<input type="checkbox"/> Medical Provider Proveedor médico	<input type="checkbox"/>	<input type="checkbox"/> Media (TV, Radio, Newspaper, etc.) Medio de prensa/TV, radio, periódico, etc.	<input type="checkbox"/>	<input type="checkbox"/> Other / Otro: _____

**Section 10 Federal Reporting Information / Información de Reportaje Federal**

The following voluntary information is used for statistical purposes only to comply with federal regulations: / La siguiente información voluntaria se usa solo para estadísticas y solamente para cumplir con las normas federales:

Is the victim disabled? / ¿La víctima está incapacitada?  Yes / Si  No

Was the victim disabled prior to the date of the crime? / ¿La víctima estaba incapacitada antes de la fecha del crimen?  Yes / Si  No

Ethnicity of victim: / Etnicidad de la víctima:

<input type="checkbox"/> African American / Afro Americana	<input type="checkbox"/> Asian, Pacific Islander / Islas de Pacífico, Asia
<input type="checkbox"/> Caucasian / Caucásica	<input type="checkbox"/> Hispanic / Hispánico
<input type="checkbox"/> Native American / Americano Nativo	<input type="checkbox"/> Other / Otra: _____

\* Please sign and date sections 11-12 on page 4 and mail to / Favor de poner la fecha y firmar secciones 11-12 en pagina 4 y envíe:

Victim Compensation & Government Claims Board  
PO Box 3036  
Sacramento, CA 95812-3036

or deliver to your local  
Victim Witness Assistance Center  
o entrega a su  
Centro local del Víctima y Testigo

For more information call / Para más información, llame:

1.800.777.9229  
www.victimcompensation.ca.gov

Hearing impaired, please call the California Relay Service (711)  
Si tiene problemas para escuchar puede llamar al servicio de  
Retransmisión de California (711)

This page must be signed and dated / Firme y ponga la fecha en la página

**Section 11 Information Release / Divulgación de Información**

(Board Use Only) Claim No. Name:

give permission to any hospital, clinic, doctor, dentist, or mental health rovider; any funeral director or similar person; any employer; any olice or governmental agency, including the Department of Justice, the late Franchise Tax Board, and the Federal Internal Revenue Service; ny insurance company; or any other person or agency to provide formation relating to this application, including medical, mental health, nd felony conviction records to the Victim Compensation Program or s representatives. I understand the information will be used to termine compensation benefits, and only information needed to make decision about compensation will be requested by the Victim ompensation Program.

Le doy permiso a cualquier hospital, clínica, doctor, dentista, o proveedor de salud mental; a cualquier director de funeraria o persona similar: cualquier empleador; cualquier agencia del gobierno o policial, incluyendo el Dept. de Justicia, la Junta Estatal de Impuestos, y el Servicio de Impuestos Internos (IRS); cualquier compañía de seguro; o cualquier otra persona o agencia para que divulgue información relacionada con esta solicitud, incluyendo cualquier registro médico, de salud mental, y de condenas de felonías, al Programa de Compensación a la Víctima o sus representantes. Entiendo que la información se usará para determinar beneficios compensatorios, y el Programa solamente solicitará la información necesaria para decidir si compensar a la persona.

nderstand a photocopy or FAX (facsimile) of this signed form is as lid as the original, and my signature gives permission for the release all information specified in this permission form.

Entiendo que una fotocopia o FAX de este formulario firmado es tan válida como la original, y que mi firma da permiso para divulgar toda la información especificada en este formulario de autorización.

nderstand the Victim Compensation Program or its representatives ay pursue restitution from the convicted offender in this matter to cover monies paid to me on my behalf by the Program and that by ng this application I have authorized the program to use information ntained in this application and subsequent claim files to pursue stitution from the convicted offender.

Entiendo que el Programa de Compensación a la Víctima o sus representantes puede tratar de conseguir restitución por parte del ofensor condenado en este caso para recuperar dinero que el programa haya pagado en mi nombre, y que al presentar esta solicitud he autorizado al programa para usar la información contenida en esta solicitud y otros reclamos posteriores con el fin de obtener restitución del ofensor condenado.

agree that the Victim Compensation Program or its representatives ay provide information about this application to any representative med on this application, governmental agency, or any medical, dental, ental health, or funeral and/or burial provider of services, and may y the provider directly if payment of these services is approved.

Estoy de acuerdo con que el Programa de Compensación a la Víctima o sus representantes le provean información sobre esta solicitud a cualquier representante nombrado en la misma, agencia gubernamental, o cualquier proveedor de servicios médicos, dentales, funerales o de entierro, y le podrán pagar al proveedor directamente si se fuera a aprobar pago de estos servicios.

ecclare under penalty of perjury under the laws of the State of ilifornia (Penal Code Sections 72, 118, and 129) that I have read all s questions and the completed application, and to the best of my ormation and belief, all my answers are true, correct, and complete. I ther understand if I have provided any information that is false, entionally incomplete, or misleading, I may be found liable under verment Code Section 12651 for filing a false claim and/or found lity of a misdemeanor or felony, punishable by six months or more in county jail, up to four years in state prison, and/or fined up to ten usand dollars (\$10,000).

Declaro bajo pena de perjurio bajo las leyes del Estado de California (Código Penal Secciones 72, 118, y 129) que he leído todas las preguntas y la solicitud completada, y que según mi leal saber e información, todas mis respuestas son verídicas, correctas, y completas. También entiendo que si he incluido cualquier información que sea falsa, incompleta intencionalmente, o engañosa, me podrían encontrar responsable bajo el Código del Gobierno Sección 12651 por presentar un reclamo falso y/o encontrarme culpable de un crimen menor o mayor, castigable por seis meses o más en la cárcel del condado, hasta cuatro años en la prisión estatal, y/o ser multado hasta diez mil dólares (\$10,000).

Signed / Firma: Date / Fecha:

Parent or guardian must sign if victim is a minor or incapacitated.) / (Debe firmar el padre o guardián si la víctima es un menor o está incapacitada.)

**Section 12 My Promise to the Program / Mi Promesa al Programa**

required by California law, I will contact and repay the Victim Compens- tion Program if I receive any payments from the offender, a civil vsult, an insurance policy, or any other government or private agency cover expenses for which I have already received payment from this ogram. I understand I may be responsible for repaying the Victim mpensation Program any amount for which it is later determined that I s not eligible. I will notify the Victim Compensation Program if I hire an rmy to represent me in any action related to this crime or if I pursue y action on my own.

Como lo requiere la ley de California, me pondré en contacto con el Programa de Compensación a la Víctima y le reembolsaré sus gastos si fuera a recibir cualquier pago de parte del ofensor, una demanda civil, póliza de seguro, o cualquier otra agencia del gobierno o privada en pago de los gastos por los cuales ya recibí pago por parte de este Programa. Entiendo que podría ser responsable de reembolsarle al Programa de Compensación a la Víctima cualquier cantidad que me hayan dado si se fuera a determinar posteriormente que no calificaba para dicha cantidad. Notificaré al Programa de Compensación a la Víctima si contrato a un abogado para representarme en cualquier acción relacionada con este crimen, o si fuera a llevar a cabo una acción por mi cuenta.

y money I receive from the Victim Compensation Program for moving/ ocation expenses, improving home security, or for modifying a home or icle for a disabled victim will be used only for those purposes. If I am ictim of domestic violence receiving moving/relocation expenses, I will tell the offender my home address nor allow the offender on the mises at any time, or I will seek a restraining order against the nder.

Cualquier dinero que reciba del Programa de Compensación a la Víctima para gastos de mudanza/traslado, mejorar el sistema de seguridad en el hogar, o para modificar una casa o vehículo para una víctima incapacitada se usará solamente para eso. Si soy víctima de violencia doméstica recibiendo dinero para mudarme/ trasladarme, no le daré al ofensor mi domicilio, ni le permitiré que entre en mi propiedad en ningún momento, sino, pediré una orden de restricción en contra de él/ella.

he event that I am compensated for any pecuniary loss by the Victim mpensation Program and the State of California subsequently receives mpensation for the same loss on my behalf from the perpetrator (cluding any monies received through a restitution order) or from any er source, I hereby assign to the Victim Compensation and Government ins Board any and all rights to such duplicate compensation.

En caso de que sea compensada alguna pérdida pecuniaria por el Programa de la Compensación de Víctimas y el Estado de California recibe subsiguientemente compensación para la misma pérdida en mi beneficio del perpetrado (inclusivo cualquier dinero recibido por una orden de la restitución) o de cualquier otra fuente, yo por el presente asigno al Programa de Víctimas y Testigos y Reclamos del Gobierno cualquier y todo derecho a tal compensación del duplicado.

Signed / Firma: Date / Fecha:

Parent or guardian must sign if victim is a minor or incapacitated.) / (Debe firmar el padre o guardián si la víctima es un menor o está incapacitada.)

Printed Name / Nombre Escrito:



For crime victims, there is strength in numbers. Especially this one:

**1-877-VINE-4-LA**  
TOLL-FREE 1-877-846-3452

WWW.VINELINK.COM



For offender information, call the Los Angeles County VINE® service.

Provided by the Los Angeles Sheriff's Department Sheriff Leroy D. Baca In partnership with Appriss®



VINE Information

Write down the following information and keep in a safe place:

Offender name \_\_\_\_\_

Offender booking number \_\_\_\_\_

Your four-digit PIN code \_\_\_\_\_

Notes

Victim Services

- Los Angeles County Domestic Violence Hotline 1-800-978-3600
- El Casa 1-562-402-4888
- Women's Shelter Long Beach 1-562-437-4663
- 736 Family Crisis Center 1-213-745-6434
- Domestic Violence Center 1-323-731-6500
- Peace and Joy Care Center 1-310-898-3117
- Angel Step Inn 1-562-906-5060
- Mexican Services Action Center, ELA 1-323-268-7564
- Monte Youth Development Center/Pathways Domestic Violence Shelter 1-626-455-0026
- Longdale YWCA 1-818-242-1106
- Arden House 1-213-681-2626
- Women & Children Crisis Center 1-562-945-3939
- WCA - WINGS San Gabriel 1-626-967-0658
- House of Ruth 1-909-908-5559
- Arden Hills 1-818-887-5589
- Arden House 1-818-505-0900
- Association to Aid Victims of Domestic Violence 1-805-259-4357
- Alley Oasis 1-805-945-6736
- Arden 1-805-727-1299
- Center for Pacific Asian Family 1-323-653-4042
- Armstrong Family Shelter 1-310-764-4022
- Mexican Services Action Center, ELA 1-323-937-1312
- Arden 1-310-264-6644
- Arden Shepherd Shelter 1-323-737-6111
- 736 Family Crisis Center - Hermosa Beach 1-310-379-3620
- 736 Family Crisis Center - Redondo Beach 1-310-370-5902
- Arden Services 1-310-547-9343

Do not depend solely on the VINE service for your protection. If you feel that you may be at risk, take precautions as if the offender has already been released.

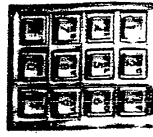


1008



### What will VINE do for me?

VINE will tell you if an offender is in jail and will give you other important custody information. VINE will also let you leave a phone number where you want to be called automatically when that offender is released, transferred, or escapes.



### What do I need to do?

Call 1-877-846-3452 from a touch-tone phone and follow the directions. You may also register for notification via [www.vinelink.com](http://www.vinelink.com)

If the offender is in jail, you can leave your phone number to be called when they are released. Enter the phone number where you want to be reached, including area code, followed by the pound (#) key.

When VINE asks, make up and enter a four-digit Personal Identification Number (PIN) code that will be easy for you to remember. Write it on the back of this brochure or in a safe place. VINE will ask for the PIN code when it calls you.

When VINE calls, listen to the message, then enter your PIN when asked. Entering the PIN lets VINE know that you got the call, and will stop the service from calling you again.

**1-877-VINE-ALL-TOLL-FREE**

- The offender will not know you registered with VINE.



• If you are not home, you will leave a message answering machine. If there is no answer, VINE will keep calling back until you enter your PIN code or 24 hours have passed.

- Since VINE calls automatically, you may get a call from VINE in the middle of the night.
- Do not leave a phone number VINE that rings to a switchboard.
- Do not depend only on the service, or any other single program for your protection. Make VINE part of your safety plan.
- You can leave more than one phone number with VINE. Just call the service again.

VINE is available 24 hours a day, 7 days a week.



APPENDIX "D"

Officer's Name	_____	Telephone	_____
Prosecutor's Name	_____	Telephone	_____
Police Report Number	_____		
Superior Court Case Number	_____		

To provide victims with rights to justice and due process

*Marsy's Card and Resources*

THE VICTIMS' BILL OF RIGHTS ACT OF 2008

California Attorney General's Office



On November 4, 2008, the People of the State of California approved Proposition 9, the Victims' Bill of Rights Act of 2008: Marsy's Law. This measure amended the California Constitution to provide additional rights to victims. This card contains specific sections of the Victims' Bill of Rights and resources. Crime victims may obtain additional information regarding Marsy's Law and local Victim Witness Assistance Center information by contacting the Attorney General's Victim Services Unit at 1-877-433-9069.

A 'victim' is defined under the California Constitution as "a person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of a crime or delinquent act. The term 'victim' also includes the person's spouse, parents, children, siblings, or guardian, and includes a lawful representative of a crime victim who is deceased, a minor, or physically or psychologically incapacitated. The term 'victim' does not include a person in custody for an offense, the accused, or a person whom the court finds would not act in the best interests of a minor victim." (Cal. Const., art. I, § 28(e).)

Victim Services Unit  
January 2009

**Local Resources and Support Groups**  
Your local Victim Witness Assistance Center can provide advocacy and specific information on local resources, the Victim Compensation Program, nonprofit victim's rights groups and support groups. To obtain information on the Victim Witness Assistance Center nearest to you, contact:  
**Attorney General's Victim Services Unit**  
1-877-433-9069

**California Statewide and National Resources**  
The following are some of the resources available to victims and their families. This is not an exhaustive list. The Attorney General offers these references for informational purposes only.  
California Attorney General's Victim Services Unit 1-877-433-9069  
[www.ag.ca.gov/victimservices](http://www.ag.ca.gov/victimservices)  
California Department of Corrections and Rehabilitation, Office of Victim & Survivor Rights & Services, 1-877-256-OVSS (6877)  
[www.cdcr.ca.gov/victim\\_services](http://www.cdcr.ca.gov/victim_services)  
Rape, Abuse, Incest, National Network 1-800-656-HOPE, <http://www.rainn.org/>  
California Partnership to End Domestic Violence 1-800-524-4765  
[www.cpedv.org](http://www.cpedv.org)

Victims of Crime Resource Center, Pacific/McGeorge School of Law,  
1-800-842-8467, 1-800-victims [www.1800victims.org](http://www.1800victims.org)  
National Center for Victims of Crime 1-800-FY-CALL, 1-800-394-2255  
[www.ncvc.org/national](http://www.ncvc.org/national)  
National Domestic Violence Hotline 1-800-799-SAFE (7233) [www.ndvh.org](http://www.ndvh.org)

**Victim Compensation Program**  
Help for victims\* of:

- Assault
- Child Abuse
- Domestic Violence
- Drunk Driving
- Homicide
- Robbery
- Sexual Assault
- Vehicular Manslaughter
- Human Trafficking

What potentially can the Victim Compensation Program help pay for?

- Medical and dental bills
- Relocation
- Mental health counseling
- Crime scene cleanup
- Funeral costs
- Loss of income

For more information contact your local Victim Witness Assistance Center or:  
**Victim Compensation and Government Claims Board**  
1-800-777-9229  
[www.victimcompensation.ca.gov](http://www.victimcompensation.ca.gov)

\* The definition of victim under the Victim Compensation Program may differ from the definition under the California Constitution.