

**STATE OFFICE OF VICTIM ASSISTANCE FUNDING
FINANCIAL AND PROGRAMMATIC REPORT FOR VICTIM SERVICES**

July 1, _____ to June 30, _____

_____ **Judicial Circuit**

I. Financial:

A. Appropriations:

1. Line Item Appropriation by Prosecution Commission \$ _____ (recurring)
2. Allocation of funds from SOVA \$ _____ (nonrecurring)

TOTAL Appropriations: \$ _____

B. Expenditures:

| | |
|----------------------|----------|
| Personnel Service | \$ _____ |
| Contractual Services | \$ _____ |
| Supplies | \$ _____ |
| Travel | \$ _____ |
| Equipment | \$ _____ |
| Training | \$ _____ |
| Other _____ | \$ _____ |

II. Victim Services Personnel:

1. Number of victim advocates _____ Full Time _____ Part Time _____

2. Is there an updated job description on file in human resources for victim advocate(s)?

Yes No

If no, please ensure that within two months of this report that the updated job description for victim advocate(s) is on file with human resources.

3. Has the victim advocate(s) received their Victim Services Provider Number (VSP#) through the Office of Victim Services Education and Certification (OVSEC)?

Yes No

If no, please ensure the process has started and within two months of this report the victim advocate(s) must receive their VSP#.

4. Is the victim advocate(s) current and in compliance with their VSP certification with OVSEC according to State law?

Yes No

If no, when do you anticipate the victim advocate(s) becoming current and in compliance with their VSP hours according to State law?

III. Victims Served:

A. Describe the types of victims served by the victim advocate during the reporting period:

- | | |
|---|--|
| <input type="checkbox"/> Criminal Domestic Violence | <input type="checkbox"/> Assaults |
| <input type="checkbox"/> Criminal Sexual Conduct | <input type="checkbox"/> Attempted Murder |
| <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Lynching |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Felony DUI (death/injury) |
| <input type="checkbox"/> Reckless Homicide | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Hit & Run | <input type="checkbox"/> Other _____ |
| | _____ |

B. Describe the types of services provided by the Victim/Witness Assistance Program during the reporting period:

- | | |
|--|---|
| <input type="checkbox"/> Criminal justice support/advocacy | <input type="checkbox"/> Case file status |
| <input type="checkbox"/> Courtroom assistance | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Courtroom accompaniment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Victim Impact Statements Assistance | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Assistance filing crime victim compensation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shelter/Safe House Information | _____ |

Describe services in detail:

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

D. Total number of victims served during the reporting period: _____

IV. Publications:

Provide information regarding publication materials provided for and to crime victims during the reporting period:

- Victim/Witness Brochure
- Victim/Witness Flyer
- Victim Impact Statement
- Crime Victim Compensation Application
- All of the above
- Other _____

Comment: _____

V. Outreach:

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

VI. Training:

A. List the types of OVSEC Approved Trainings attended by the victim advocate(s) during the reporting period:

B. List any OVSEC approved and or other training events the victim advocate(s) may have coordinated and or facilitated during the reporting period:

Victim Services Director/Coordinator

Date

Solicitor's Signature

Date