

Victim Contacts
Working Copy

Please note: This form is for use by the advocate only and is not intended to be given to the victim.

Victim contacts are victim driven. The Treatment Victim Advocate shall inform the Victim of the information that can be provided during advocacy contacts, such as the Offender's treatment evaluation results/recommendations, informing the Victim prior to Offender discharge from treatment, as well as, resources and information identified in *Standard Section 7.0*.

Victim contacts shall address the following:

1. Whether or not the Victim wishes to be contacted
2. Frequency of contact--how often the Victim would like to be contacted
3. Mode and location of contact - how and where the Victim would like to be contacted (e.g. telephone, U.S. mail, email, at home, at work, etc.).
4. Type of information the Victim wants included in the advocacy contact (e.g. Offender's status in treatment, Offender's absences, discharge, or changes in Treatment Plan)



Advocates Please Note:

Attempts to contact the Victim need to be made throughout the course of treatment or as the victim has requested. Attempts to contact the Victim shall be documented.

Information on confidential Victim statements shall be kept in a file separate from the Offender file.

Offender's Name:

Schedule with Treatment Provider:

Victim's Name:

Address:

Preferred and safe way to contact regarding updates?

- Email
 Cell phone
 Work phone
 Home Phone
 Other
 OK to leave message? Which number(s)? _____

Desired frequency and type of information regarding the Offender's treatment progress/attendance?

- | | | |
|---|---|---|
| <input type="checkbox"/> Update Weekly | <input type="checkbox"/> Update Monthly | <input type="checkbox"/> Only at Conclusion |
| <input type="checkbox"/> Half-way Through Treatment & at Conclusion | <input type="checkbox"/> No Further Contact from the Agency | <input type="checkbox"/> Treatment Plan Reviews |
| <input type="checkbox"/> Other: _____ | | |

Relationship to the Offender:

- Married
 Dating
 Common Law
 Domestic Partner
 Divorce Pending
 Divorced

 Co-Habiting
 Relationship Ongoing
 Other _____

Length of Relationship:

Separation Date:

Is there a temporary or permanent civil protection order in place? Yes No
Have there been any modifications to a criminal protection order? If yes, what? _____

<input type="checkbox"/> Child(ren) in Common	<input type="checkbox"/> Children from a previous relationship living with you	
Children's names	Age / DOB	Offender's Relationship
	/	
	/	
	/	

Risk Assessment & Safety Planning is important, but should not be documented in writing

IF there is any information that you would like me to provide to the Multi-Disciplinary Treatment Team a written release will be required.

Verbal permission to share information only with Offender's Treatment Provider via Victim Advocate

Specifically list what is to be shared through either a written or verbal release and to whom:
