

**Office of the Attorney General
Division of Victim Services and Criminal Justice Programs**

**VICTIM SERVICES DIRECTORY
AGENCY/PROGRAM UPDATE FORM**

Name and Address:

Agency Name:			
Program Name			
Mailing Address:			
City:		State:	
County:		Zip Code:	

Phone Numbers:

Telephone Line	Area Code	Phone Number	Extension
Hot Line Telephone (or service #)	(____)		
SunCom Telephone (state agencies only)	(____)		
Business Telephone (or administrative #:	(____)		

Other information:

Email Address:	
URL Address:	
Judicial Circuit(s) Served:	
Counties Served:	
Hours of service:	
Is there a fee for service ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the dollar amount?	
Please give a brief description of the charge(s):	

Contact People (please no more than three):

Name	Title or Specialty	Area Code	Phone Number	Extension
		(___)		
		(___)		
		(___)		

Does Your Agency Have Satellite Locations?

If yes, please list satellite offices in the following format (use a separate sheet if necessary).

Address:					
City:		State:		Zip:	
Telephone:	(___)	SunCom:			
Contact Person:		Title:			
Counties Served:					
<p>If the type of service(s) available at the satellite location varies from the type of services provided at the central location, please explain:</p>					

Services Provided (please check all that apply):

<input type="checkbox"/> Address Confidentiality program <input type="checkbox"/> Community education <input type="checkbox"/> Criminal justice support/advocacy <input type="checkbox"/> Crisis counseling <input type="checkbox"/> Crisis hot line <input type="checkbox"/> Domestic violence relocation assistance <input type="checkbox"/> Emergency cell telephone <input type="checkbox"/> Emergency financial assistance <input type="checkbox"/> Emergency legal advocacy <input type="checkbox"/> Follow up contact <input type="checkbox"/> Forensic interviews and exams <input type="checkbox"/> Group treatment <input type="checkbox"/> Information and referral	<input type="checkbox"/> Mediation and dispute resolution <input type="checkbox"/> Outreach services <input type="checkbox"/> Personal advocacy <input type="checkbox"/> Professional training <input type="checkbox"/> Psychiatric services <input type="checkbox"/> Shelter/safe house <input type="checkbox"/> Support groups <input type="checkbox"/> Telephone contracts <input type="checkbox"/> Therapy <input type="checkbox"/> Translation services <input type="checkbox"/> Transportation <input type="checkbox"/> Victim compensation claims
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Types of Victims Served (please check all that apply):

<input type="checkbox"/> Adolescent victims	<input type="checkbox"/> Hate crimes victims
<input type="checkbox"/> Adult victims of sexual battery	<input type="checkbox"/> Homicide survivors
<input type="checkbox"/> All child victims	<input type="checkbox"/> Kidnapping victims
<input type="checkbox"/> All victims	<input type="checkbox"/> Neglect/abandonment
<input type="checkbox"/> Assault victims	<input type="checkbox"/> Non-offending caregivers
<input type="checkbox"/> Burglary victims	<input type="checkbox"/> Other non-violent crime victims
<input type="checkbox"/> Child victims of physical abuse	<input type="checkbox"/> Other violent crime victims
<input type="checkbox"/> Child victims of sexual abuse	<input type="checkbox"/> Persons with disabilities
<input type="checkbox"/> Domestic violence victims	<input type="checkbox"/> Post-conviction services
<input type="checkbox"/> DUI/DWI victims	<input type="checkbox"/> Repeat violence victims
<input type="checkbox"/> Economic crime victims	<input type="checkbox"/> Robbery victims
<input type="checkbox"/> Elder abuse victims	<input type="checkbox"/> Stalking victims
<input type="checkbox"/> Fraud victims	<input type="checkbox"/> Other(s)

Program Summary:

(In several sentences, please describe the primary service offered to what majority of victims)

Please send this information to:

**Office of the Attorney General
Bureau of Advocacy and Grants Management
The Capitol, PL-01
Tallahassee, Florida 32399-1050
Fax Number: (850) 487-3013
Email: romelle.peterson@myfloridalegal.com**