

**Office of the Attorney General
Division of Victim Services and Criminal Justice Programs
VICTIM SERVICES DIRECTORY REQUEST FORM**

This form must be completed by the organization/program to request consideration for inclusion in the Victim Service Directory or to update existing information. All parts of this form must be completed as directed for the request to be processed.

The organization must meet the following criteria:

- Government or not for profit
- Provides direct services to victims of crime
- Offers services to victims at no cost

By submitting this form the undersigned attests to the above criteria and must be authorized to sign documents on behalf of the agency/organization. By signing this form the undersigned attests that the agency/program information provided is true and correct and authorizes the provided information to be considered for inclusion on the Office of the Attorney General's Victim Services Directory website.

Primary Contact Information:

| | | | |
|----------------------------|--|--|--|
| Name (printed) | | | |
| Title | | | |
| Phone Number (ext.) | | | |
| Email Address | | | |
| Signature | | | |
| Date | | | |

Organization Information:

| | | | |
|------------------------|--|-----------------|--|
| Organization | | | |
| Program Name | | | |
| Mailing Address | | | |
| City | | State | |
| County | | Zip Code | |

Other Information (include area code and extensions on telephone numbers if applicable):

| | |
|---|--|
| Hotline | |
| Administrative/Business | |
| Email Address | |
| Web Address | |
| Judicial Circuit(s) Served | |
| Counties Served | |
| Days and Hours of Service | |
| Address where services will be rendered to victims | |

Additional Contact Information:

| Name | Title or Specialty Area | Email and the Phone Number (include area code and extension if applicable) |
|------|-------------------------|--|
| | | |
| | | |

Satellite Location Information (use an additional sheet if necessary):

| | | | |
|-------------------|--|----------|--|
| Address | | | |
| City | | State | |
| County (s) Served | | Zip Code | |
| Contact Person | | Title | |
| Phone Number | | | |

Services Provided (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Address Confidentiality Program | <input type="checkbox"/> Group treatment |
| <input type="checkbox"/> Criminal justice support/advocacy | <input type="checkbox"/> ID Theft assistance |
| <input type="checkbox"/> Crisis counseling | <input type="checkbox"/> Individual counseling |
| <input type="checkbox"/> Crisis hotline | <input type="checkbox"/> Information and referral |
| <input type="checkbox"/> Death notification | <input type="checkbox"/> Mediation and dispute resolution |
| <input type="checkbox"/> Emergency cell phone | <input type="checkbox"/> Personal advocacy |
| <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Shelter/safe house |
| <input type="checkbox"/> Emergency legal advocacy | <input type="checkbox"/> Support group |
| <input type="checkbox"/> Family counseling | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Follow up contact | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Forensic exams | <input type="checkbox"/> Translation services |
| <input type="checkbox"/> Forensic interviews | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Group counseling | <input type="checkbox"/> Victim compensation claim assistance |

Types of Victims Served (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All | <input type="checkbox"/> Hate crimes |
| <input type="checkbox"/> Assault and/or Battery | <input type="checkbox"/> Homicide survivors |
| <input type="checkbox"/> Burglary and/or Robbery and/or Theft | <input type="checkbox"/> Human Trafficking |
| <input type="checkbox"/> Child physical abuse | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Child sexual abuse | <input type="checkbox"/> Neglect/abandonment |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Other non-violent crime |
| <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> Other violent crime |
| <input type="checkbox"/> Economic crimes | <input type="checkbox"/> Sexual Battery |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Fraud | |

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

