

**Office of the Attorney General  
 Division of Victim Services and Criminal Justice Programs  
 REQUEST FOR INCLUSION IN THE VICTIM SERVICES DIRECTORY  
 ORGANIZATION UPDATE AND/OR SUBMISSION FORM**

In order for an organization to be considered for inclusion in this directory, the organization must meet the following criteria:

- Government or not for profit
- Provides direct or indirect services to victims of crime
- Does not charge for services

By submitting this form the undersigned attests to the above criteria and must be authorized to sign documents on behalf of the agency/organization.

<b>Name (printed)</b>	
<b>Title</b>	
<b>Signature</b>	
<b>Date</b>	

**Organization Name and Address:**

<b>Organization</b>			
<b>Program Name</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	
<b>County</b>		<b>Zip Code</b>	

**Telephone Numbers (please include area code and any extensions):**

<b>Hotline</b>	
<b>Administrative/Business</b>	

**Other information:**

<b>Email Address</b>	
<b>Web Address</b>	
<b>Judicial Circuit(s) Served</b>	
<b>Counties Served</b>	
<b>Hours of Service</b>	

**Contact People (please no more than three):**

Name	Title or Specialty Area	Phone Number (include area code and extension if there is one)

**Does Your Agency Have Satellite Locations?**

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

<b>Address</b>			
<b>City</b>		<b>State</b>	
<b>County (ies) Served</b>		<b>Zip Code</b>	
<b>Contact Person</b>		<b>Title</b>	
<b>Phone Number</b>			

**Services Provided (please check all that apply):**

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

**Types of Victims Served (please check all that apply):**

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

**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