**Victim Services Unit Response Checklists – Templates**

**Overview**

Victim Services Unit responses to victimization categories play a critical role in ensuring that affected individuals are provided with information and resources to address their rights and help meet their unique needs.

Checklists are powerful tools that can assist victim services personnel in effectively carrying out their assigned responsibilities which are often multilayered and time sensitive. When used consistently, checklists can reinforce overall performance and service standards that have been established through policies and training.

Checklists can be reliable guides to support the following:

* Improved organization – structured process to condense complex interactions into manageable steps
* Enhanced consistency – predefined lists of information and considerations for reference by all personnel
* Increased efficiency – streamlined content to include prompts for important steps to complete
* Expanded accountability – tangible instruments to reduce errors and oversights

Victim Services Unit personnel can experience both increased confidence and reduced stress around completing their assigned responsibilities when they are provided with tools that support their efforts.

**Intention of Victim Services Unit Response Checklists – Templates**

These templates provide sample language and content for law enforcement agency use when establishing or revising guidance for Victim Services Unit responses to multiple victimizations categories. Agency personnel should review and revise the *Victim Services Unit Response Checklists – Templates* to ensure consistency with appropriate statutes and agency policies, procedures, and practices.

**August 2024**

**Assault/Aggravated Assault: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

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| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | ☐ Yes ☐ No | | | | | Did a strangulation occur? | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | ☐ Yes ☐ No | | | | | Child(ren) present during event? | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | |  | | | | | | | | | | |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | SAMPLE | | | | | | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | |  | If yes, identify language: | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | |  | If yes, identify needs: | | | | | | | |  | | | |
| Housing instability? | | | | | | | | ☐Yes ☐No | | | | | Unemployment? | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | ☐Yes ☐No | | | | | 65+ years of age? | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | ☐Yes ☐No | | | | |  | If yes, identify needs: | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | |  | | If yes, explain: | | | | |  | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | |  | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | * Crime Victim Compensation | | | | | | | | | * VINE | |
| * [*Domestic Violence Agency*] | | | | | | | | * [*Rape Crisis Agency*] | | | | | | | | | * U-Visa information | |
| * Medical referrals | | | | | | | | * Mental health referrals | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | * Investigator information | | | | | | | | | * Victim services information | |

Revised [*month year*]

**Burglary: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | | | Did a strangulation occur? | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | | | Child(ren) present during event? | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | | | |  | | | | | | | | | |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | | |  | If yes, identify language:  SAMPLE | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | | |  | If yes, identify needs: | | | | | | | | |  | | | |
| Housing instability? | | | | | | ☐Yes ☐No | | | | | | | | | Unemployment? | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | ☐Yes ☐No | | | | | | | | | 65+ years of age? | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | ☐Yes ☐No | | | | | | |  | If yes, identify needs: | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | | |  | | | If yes, explain: | | | | |  | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | | |  | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | | |  | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | |
| Does the victim need information on replacing SSN/ID/driver’s license? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Does the victim need information on cancelling credit/debit cards? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Does the victim need assistance in contacting their insurance provider? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | | * Crime Victim Compensation | | | | | | | | | * VINE | |
| * [*Domestic Violence Agency*] | | | | | | | | | | * [*Rape Crisis Agency*] | | | | | | | | | * U-Visa information | |
| * Medical referrals | | | | | | | | | | * Mental health referrals | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | | | * Investigator information | | | | | | | | | * Victim services information | |

Revised [*month year*]

**Child Abuse: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | | ☐ Yes ☐ No | | | | Did a strangulation occur? | | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | | ☐ Yes ☐ No | | | | Other child(ren) present during event? | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | | | | SAMPLE | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | |  | If yes, identify language: | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | |  | If yes, identify needs: | | | | | | | | |  | | | |
| Housing instability? | | | | | | | | | ☐Yes ☐No | | | | Parent/Guardian unemployment? | | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | ☐Yes ☐No | | | | Parent/Guardian 65+ years of age? | | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | ☐Yes ☐No | | | | | |  | | If yes, identify needs: | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | | |  | | If yes, explain: | | | | |  | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Has a protective parent/guardian been identified? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | | |  | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | * Crime Victim Compensation | | | | | | | | | * VINE | |
| * [*Child Advocacy Center*] | | | | | | | | | * [*Domestic Violence Agency*] | | | | | | | | | * [*Rape Crisis Agency*] | |
| * Medical referrals | | | | | | | | | * Mental health referrals | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | | * U-Visa information | | | | | | | | | * Victim services information | |
| * Investigator information | | | | | | | | | * [*State Child/Adult Welfare Agency*] | | | | | | | | |  | |

Revised [*month year*]

**Death Notification: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | | |
| Name and DOB of Decedent: | | | | | | | | |  | | | | | | | | | | | | |
| Next of Kin Name: | | | |  | | | | | | | | | | | | | | | | | |
| Next of Kin Relationship to Decedent: | | | | | | | | | | | | |  | | | | | | | | |
| Contact information for Next of Kin: | | | | | | | | | | | |  | | | | | | | | | |
| Has a funeral home/crematorium been identified? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| ***Co-Victim Specific Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | | |  | | If yes, identify language: | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | | |  | | If yes, identify needs: | | | | | | | | |  | | | |
| Housing instability? | | | | | | | | | | ☐Yes ☐No | | | | | | Unemployment?  SAMPLE | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | | ☐Yes ☐No | | | | | | 65+ years of age? | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | | ☐Yes ☐No | | | | |  | | | If yes, identify needs: | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | | | |  | If yes, explain: | | | | | | |  | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult co-victim want to make a report? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | | | |  | | | | | | |
| Does the co-victim need a safety plan? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information (if applicable) | | | | | | | | | * Crime Victim Compensation   (if applicable) | | | | | | | | | | | * [*Death Investigation Agency*] | |
| * Funeral Homes/ Crematoriums | | | | | | | | | * Specialized cleaning referrals | | | | | | | | | | | * Grief support referrals | |
| * Medical referrals | | | | | | | | | * Mental health referrals | | | | | | | | | | | * Essential needs referrals | |
| * Probate information | | | | | | | | | * Legal resources | | | | | | | | | | | * Investigator information | |
| * Victim services information | | | | | | | | |  | | | | | | | | | | |  | |

Revised [*month year*]

**Domestic Violence: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | Did a strangulation occur? | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | Child(ren) present during event? | | | | | ☐ Yes ☐ No |
| Did emotional abuse, threats, or stalking occur? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim?  SAMPLE | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | |  | | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | |  | If yes, identify language: | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | |  | If yes, identify needs: | | | | | | | |  | | | | |
| Housing instability? | | | | | | | | | | ☐Yes ☐No | | | | Unemployment? | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | | ☐Yes ☐No | | | | 65+ years of age? | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | ☐Yes ☐No | | | | | |  | If yes, identify needs: | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | |  | | | If yes, explain: | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | |  | | | | | | |
| Does victim need a safety plan? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | | * Crime Victim Compensation | | | | | | | | * VINE | |
| * [*Domestic Violence Agency*] | | | | | | | | | | * [*Rape Crisis Agency*] | | | | | | | | * U-Visa information | |
| * Medical referrals | | | | | | | | | | * Mental health referrals | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | | | * Investigator information | | | | | | | | * Victim services information | |

Revised [*month year*]

**Elder/Vulnerable Adult Abuse: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | Did a strangulation occur? | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | Child(ren) present during event? | | | | | ☐ Yes ☐ No |
| Did neglect (by others or self) or financial exploitation occur? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | | |  | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim?  SAMPLE | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | |  | | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | |  | | If yes, identify language: | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | |  | | If yes, identify needs: | | | | | | | |  | | | | |
| Housing instability? | | | | | | | | | | ☐Yes ☐No | | | | Unemployment? | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | | ☐Yes ☐No | | | | 65+ years of age? | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | ☐Yes ☐No | | | | | | |  | If yes, identify needs: | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | |  | | | If yes, explain: | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Has a protective parent/guardian been identified? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim or protective parent/guardian want to make a report? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | |  | | | | | | |
| Does victim need a safety plan? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | | |  | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | | * Crime Victim Compensation | | | | | | | | * VINE | |
| * [*State Child/Adult Welfare Agency*] | | | | | | | | | | * [*Domestic Violence Agency*] | | | | | | | | * [*Rape Crisis Agency*] | |
| * Senior service referrals | | | | | | | | | | * Assisted living referrals | | | | | | | | * Legal resources | |
| * Medical referrals | | | | | | | | | | * Mental health referrals | | | | | | | | * Essential needs referrals | |
| * Financial institution referrals | | | | | | | | | | * Investigator information | | | | | | | | * Victim services information | |

Revised [*month year*]

**Fraud/Identity Theft: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Fraud occurred, mark applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial accounts  Wire fraud scam | | | | | SS/SSI/Disability  Tax fraud | | | | | | | | | | | | Employment ID  Medical/Insurance ID | | | | | | | Guardian/caregiver misuse of funds | | |
| If Identify Theft occurred, mark applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ ID (license, passport)  ☐ Social Security number  ☐ Debit/credit card | | | | | | | ☐ Financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Other; specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| ***Victim-Specific Considerations:***  SAMPLE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | | ☐Yes ☐No | | | | |  | | | If yes, identify language: | | | | | | | | | | |  | | | | |
| Disability? | | ☐Yes ☐No | | | | |  | | If yes, identify needs: | | | | | | | | | | |  | | | | | | |
| Housing instability? | | | | | | | | | | ☐Yes ☐No | | | | | | Unemployment? | | | | | | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | | ☐Yes ☐No | | | | | | 65+ years of age? | | | | | | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | | ☐Yes ☐No | | | | | | | |  | If yes, identify needs: | | | | | | | |  | | | |
| Other concerns? | | | | ☐Yes ☐No | | | | | | | |  | | If yes, explain: | | | | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Does the victim need assistance with any of the following? | | | | | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| ☐ Replacing ID (SS card, ID/DL license, passport)  ☐ Changing passwords | | | | | | | | | | | | | | | | | | ☐ Canceling debit/credit cards  ☐ Closing accounts | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | | | | | * Crime Victim Compensation | | | | | | | | | | | | * VINE | |
| * Credit Bureaus | | | | | | | | | | | | | * Federal Trade Commission | | | | | | | | | | | | * Legal resources | |
| * Medical referrals | | | | | | | | | | | | | * Mental health referrals | | | | | | | | | | | | * Essential needs referrals | |
| * Investigator information | | | | | | | | | | | | | * Victim services information | | | | | | | | | | | |  | |

Revised [*month year*]

**Harassment/Stalking: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | |
| Did threats occur? | | | | | | | | | ☐ Yes ☐ No | | | | | Did stalking occur? | | | | | | ☐ Yes ☐ No |
| Did a physical assault occur? | | | | | | | | | ☐ Yes ☐ No | | | | | Did a strangulation occur? | | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | | ☐ Yes ☐ No | | | | | Child(ren) present during event? | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim?  SAMPLE | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | | | |  | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | |  | | If yes, identify language: | | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | |  | | If yes, identify needs: | | | | | | | | |  | | | | |
| Housing instability? | | | | | | | | | ☐Yes ☐No | | | | | Unemployment? | | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | ☐Yes ☐No | | | | | 65+ years of age? | | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | ☐Yes ☐No | | | | | |  | | If yes, identify needs: | | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | | |  | | If yes, explain: | | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | |  | | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | | |  | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | * Crime Victim Compensation | | | | | | | | | | * VINE | |
| * [*Domestic Violence Agency*] | | | | | | | | | * [*Rape Crisis Agency*] | | | | | | | | | | * U-Visa information | |
| * Medical referrals | | | | | | | | | * Mental health referrals | | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | | * Investigator information | | | | | | | | | | * Victim services information | |

Revised [*month year*]

**Homicide: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | | |
| Name and DOB of Decedent: | | | | | | |  | | | | | | | | | | | | | | |
| Next of Kin Name: | | | |  | | | | | | | | | | | | | | | | | |
| Relationship to Decedent: | | | | | |  | | | | | | | | | | | | | | | |
| Contact information for Next of Kin: | | | | | | | | | | | |  | | | | | | | | | |
| Has a funeral home/crematorium been identified? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No | |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No | |
|  | If yes, describe relationship: | | | | | | | | | |  | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | ☐ Yes ☐ No | | | | | | | Did a strangulation occur? | | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | ☐ Yes ☐ No | | | | | | | Child(ren) present during event?  SAMPLE | | | | | | ☐ Yes ☐ No |
| Do any of the following apply? | | | | | | | | | | Multiple victims (deceased or surviving): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Multiple suspects (deceased or living): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| ***Co-Victim Specific Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Interpreter needed? | | | | | | | | | ☐Yes ☐No | | | | | Disability? | | | | | ☐ Cognitive ☐ Physical | | |
| Language: | | |  | | | | | | | | | | | Accommodations: | | | |  | | | |
| Housing instability? | | | | | | | | | ☐Yes ☐No | | | | | Unemployment? | | | | | | ☐Yes ☐No | |
| Substance abuse? | | | | | | | | | ☐Yes ☐No | | | | | 65+ years of age? | | | | | | ☐Yes ☐No | |
| Chronic health issue? | | | | | | | | | ☐Yes ☐No | | | | | Other concerns? | | | | | | ☐Yes ☐No | |
| Explain: | |  | | | | | | | | | | | | Explain: | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No | |
|  | If yes, report number: | | | | |  | | | | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No | |
|  | If yes, does the adult co-victim want to make a report? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No | |
|  | If yes, new report number and agency: | | | | | | | | | | | |  | | | | | | | | |
| Does the co-victim need a safety plan? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No | |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | * Crime Victim Compensation | | | | | | | | | | * VINE | | | | |
| * [*Death Investigation Agency*] | | | | | | | * [*Domestic Violence Agency*] | | | | | | | | | | * [*Rape Crisis Agency*] | | | | |
| * Funeral Homes/ Crematoriums | | | | | | | * Specialized cleaning referrals | | | | | | | | | | * Grief support referrals | | | | |
| * Medical referrals | | | | | | | * Mental health referrals | | | | | | | | | | * Essential needs referrals | | | | |
| * Probate information | | | | | | | * Legal resources | | | | | | | | | | * U-Visa information | | | | |
| * Investigator information | | | | | | | * Victim services information | | | | | | | | | |  | | | | |

Revised [*month year*]

**Human Trafficking: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | | |
| Do any of the following apply? | | | | | | | | | | | | | | | sex trafficking forced labor | | | | | | |
| Did a physical assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | | Did a strangulation occur? | | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | | Child(ren) present during event? | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property?  SAMPLE | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | |  | | | | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | |  | If yes, identify language: | | | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | |  | If yes, identify needs: | | | | | | | | | |  | | | | |
| Housing instability? | | | | | | | | | | ☐Yes ☐No | | | | | Unemployment? | | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | | ☐Yes ☐No | | | | | 65+ years of age? | | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | ☐Yes ☐No | | | | | |  | | If yes, identify needs: | | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | | |  | | | | If yes, explain: | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | | |  | | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | | |
| Does victim need assistance with obtaining ID/documentation? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, which ones?: | | | ☐ ID/driver’s license ☐ SS card ☐ passport ☐ immigration documents | | | | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | | * Crime Victim Compensation | | | | | | | | | | * VINE | |
| * [*Human Trafficking Agency*] | | | | | | | | | | * [*Domestic Violence Agency*] | | | | | | | | | | * [*Rape Crisis Agency*] | |
| * Medical referrals | | | | | | | | | | * Mental health referrals | | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | | | * T-Visa information | | | | | | | | | | * U-Visa information | |
| * Investigator information | | | | | | | | | | * Victim services information | | | | | | | | | |  | |

Revised [*month year*]

**Robbery: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | | | |
| Did threats occur? | | | | | | | | | ☐ Yes ☐ No | | | | | | | Was a weapon used? | | | | | | ☐ Yes ☐ No |
| Did a physical assault occur? | | | | | | | | | ☐ Yes ☐ No | | | | | | | Did a strangulation occur? | | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | | ☐ Yes ☐ No | | | | | | | Child(ren) present during event? | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | | | | |  | | | | | | | | | | |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | SAMPLE | | | | | | | | | | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | |  | If yes, identify language: | | | | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | |  | If yes, identify needs: | | | | | | | | | | |  | | | | |
| Housing instability? | | | | | | | | | ☐Yes ☐No | | | | | | | Unemployment? | | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | ☐Yes ☐No | | | | | | | 65+ years of age? | | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | ☐Yes ☐No | | | | |  | | | If yes, identify needs: | | | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | | |  | | | If yes, explain: | | | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | |  | | | | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | | | |  | | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | | | |
| Does the victim need assistance with any of the following? | | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| ☐ Replacing ID (SS card, ID/DL license, passport)  ☐ Closing accounts | | | | | | | | | | | | | | ☐ Canceling debit/credit cards  ☐ Contacting insurance providers | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | * Crime Victim Compensation | | | | | | | | | | | | * VINE | |
| * [*Domestic Violence Agency*] | | | | | | | | | * [*Rape Crisis Agency*] | | | | | | | | | | | | * U-Visa information | |
| * Medical referrals | | | | | | | | | * Mental health referrals | | | | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | | * Investigator information | | | | | | | | | | | | * Victim services information | |

Revised [*month year*]

**Sexual Assault (Adult): Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | | | ☐ Yes ☐ No | | | | | Did a strangulation occur? | | | | | | ☐ Yes ☐ No |
| Did threats occur? | | | | | | | | | | ☐ Yes ☐ No | | | | | Did stalking occur? | | | | | | ☐ Yes ☐ No |
| Technology used during event? | | | | | | | | | | ☐ Yes ☐ No | | | | | Child(ren) present during event? | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | | SAMPLE | | | | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | | |  | If yes, identify language: | | | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | | |  | If yes, identify needs: | | | | | | | | | |  | | | | |
| Housing instability? | | | | | | | | | | ☐Yes ☐No | | | | | Unemployment? | | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | | | ☐Yes ☐No | | | | | 65+ years of age? | | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | | ☐Yes ☐No | | | | | |  | | If yes, identify needs: | | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | | |  | | | | If yes, explain: | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | | |  | | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | | | |  | | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | | | * Crime Victim Compensation | | | | | | | | | | * VINE | |
| * [*Rape Crisis Agency*] | | | | | | | | | | * Forensic exam information | | | | | | | | | | * [*Domestic Violence Agency*] | |
| * Medical referrals | | | | | | | | | | * Mental health referrals | | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | | | * U-Visa information | | | | | | | | | | * Investigator information | |
| * Victim services information | | | | | | | | | |  | | | | | | | | | |  | |

Revised [*month year*]

**Strangulation: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | | | |
| Any symptoms related to strangulation? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | Breathing changes Voice changes  Vision changes Swallowing changes  Hearing changes Behavioral changes Loss of consciousness Unexplained injury  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Did a physical assault occur? | | | | | | | | ☐ Yes ☐ No | | | | | Did stalking occur? | | | | | | ☐ Yes ☐ No |
| Did a sexual assault occur? | | | | | | | | ☐ Yes ☐ No | | | | | Child(ren) present during event? | | | | | | ☐ Yes ☐ No |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses?  SAMPLE | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | | | |  | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | |  | If yes, identify language: | | | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | |  | If yes, identify needs: | | | | | | | | |  | | | | |
| Housing instability? | | | | | | | | ☐Yes ☐No | | | | | Unemployment? | | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | ☐Yes ☐No | | | | | 65+ years of age? | | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | ☐Yes ☐No | | | | |  | | If yes, identify needs: | | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | | |  | | If yes, explain: | | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | |  | | | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | | |  | | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | * Crime Victim Compensation | | | | | | | | | | * VINE | |
| * [*Domestic Violence Agency*] | | | | | | | | * [*Rape Crisis Agency*] | | | | | | | | | | * U-Visa information | |
| * Medical referrals | | | | | | | | * Mental health referrals | | | | | | | | | | * Essential needs referrals | |
| * Legal resources | | | | | | | | * Investigator information | | | | | | | | | | * Victim services information | |

Revised [*month year*]

**Traffic Incidents/Vehicular Crimes: Victim Services Unit Response Checklist – Template**

*This template provides sample language and content to help law enforcement agencies develop written guidance for victim services unit response. Agency personnel should review and revise this template to ensure consistency with appropriate statutes and agency policies, procedures, and practices.*

[Agency Letterhead]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event-Specific Information:*** | | | | | | | | | | | | | | | | | |
| Was medical attention (EMS, hospital) needed? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | |
| Did the victim incur medical (EMS, hospital) expenses? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Did the victim incur loss of or damage to property? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Child(ren) present during event? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| Is the suspect known to the victim? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe relationship: | | | | | | |  | | | | | | | | | |
| ***Victim-Specific Considerations:*** | | | | | | | | | | | | | | | | | |
| Interpreter? | | ☐Yes ☐No | | |  | If yes, identify language: | | | | | | | |  | | | |
| Disability? | | ☐Yes ☐No | | |  | If yes, identify needs: | | | | | | | SAMPLE | | | | |
| Housing instability? | | | | | | | | ☐Yes ☐No | | | |  | | | | | ☐Yes ☐No |
| Substance abuse? | | | | | | | | ☐Yes ☐No | | | | 65+ years of age? | | | | | ☐Yes ☐No |
| Chronic health issue? | | | | ☐Yes ☐No | | | | |  | If yes, identify needs: | | | | |  | | |
| Other concerns? | | | ☐Yes ☐No | | |  | | If yes, explain: | | | |  | | | | | |
| ***Follow-up and Safety Considerations:*** | | | | | | | | | | | | | | | | | |
| Does a [*State Child/Adult Welfare Agency*] report need to be made? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, report number: | | | | | |  | | | | | | | | | | |
| Is an additional law enforcement report warranted? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, does the adult victim want to make a report? | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, new report number and agency: | | | | | | | | | |  | | | | | | |
| Does the victim need a safety plan? | | | | | | | | | | | | | | | | | ☐ Yes ☐ No |
|  | If yes, describe: | | |  | | | | | | | | | | | | | |
| ***Resources and Information Provided:*** | | | | | | | | | | | | | | | | | |
| * Victims’ rights information | | | | | | | | * Crime Victim Compensation | | | | | | | | * VINE | |
| * Medical referrals | | | | | | | | * Mental health referrals | | | | | | | | * Basic needs referrals | |
| * Legal resources | | | | | | | | * Investigator information | | | | | | | | * Victim services information | |

Revised [*month year*]