



## Office of Victims' Services

**Mailing Address:**

P.O. Box 1167  
Harrisburg, PA 17108-1167

**Street Address:**

3101 North Front Street  
Harrisburg, PA 17110

**Phone, Fax & Email:**

(800) 233-2339  
(717) 783-5153  
(717) 787-4306 (FAX)  
[ra-davesupport@pa.gov](mailto:ra-davesupport@pa.gov)

**Website:** [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

**You may either complete and mail this form to the address listed above  
or file online at <https://www.dave.pa.gov>**

## Victims Compensation Assistance Program Short Form

*Please read the following before completing this form.*

**You may be eligible for compensation if:**

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or call 1-800-233-2339 for additional information on filing requirements.

**You may be awarded compensation for:**

Medical Expenses  
Counseling Expenses  
Loss of Earnings  
Loss of Support  
Relocation Expenses  
Funeral Expenses  
Crime Scene Cleanup

Transportation Expenses  
Childcare  
Home Healthcare Expenses  
Stolen Cash (if your main source of income is  
Social Security Retirement, Disability  
Income, Supplemental Income, Survivor  
Benefits, Retirement/Pension(s), Disability,  
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

**The Program does not cover:**

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

**(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA** [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
  - To find an organization in your county go to [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
  - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA  
Crime Victims  
Website



To apply for  
Compensation



PA Crime  
Victims App  
on Google  
Play



PA Crime  
Victims  
App  
on Apple



**If you don't have internet access, SEE BELOW FOR IMPORTANT  
CONTACT INFORMATION**

## **Important Local Contact Information - Cumberland County**

<b>Domestic Violence Victims</b>	
Domestic Violence Services of Cumberland and Perry Counties	717-258-4249 OR 800-852-2102
<b>Sexual Assault Victims</b>	
YWCA Carlisle & Cumberland County	888-727-2877
<b>Child Abuse Victims</b>	
UPMC Pinnacle Harrisburg	717-782-6800
<b>Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)</b>	
Domestic Violence Services of Cumberland and Perry Counties	717-258-4806
<b>Violent Crime Victims (to include Homicide)</b>	
Cumberland County Victim Services Division District Attorney's Office	717-240-6220 or 1-888-697-0371 (toll free)
<b>Human Trafficking Victims</b>	
Cumberland County Victim Services Division District Attorney's Office	717-240-6220 or 1-888-697-0371 (toll free)
<b>County Victim/Witness Office</b>	
Cumberland County Victim Services Division District Attorney's Office	717-240-6220 or 1-888-697-0371 (toll free)

## **STATEWIDE CONTACTS**

### **Address Confidentiality Program**

Pennsylvania Office of the Victim Advocate - 800-563-6399  
or [www.ova.pa.gov](http://www.ova.pa.gov)

### **Offender Release Notification**

PA Statewide Victim Notification System (PA-SAVIN) –  
866-972-7284 or [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

### **Financial Assistance**

Victims Compensation Assistance Program - 800-233-2339  
or [www.dave.pa.gov](http://www.dave.pa.gov)

### **Childline**

Pennsylvania Department of Human Services – 800-932-0313  
or [www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx](http://www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx)

## Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

**IMPORTANT NOTE:** You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

### General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

**Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.**

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

*We will make every effort to process your claim as quickly and efficiently as possible.*

Cut along this line and maintain this portion for your records. \$ .....

**Victims Compensation Assistance Program Short Form** Claim # \_\_\_\_\_**Victim Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**Claimant Information** If victim is the claimant, check here: ☐ Claimant must be 18 years or older.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Victim \_\_\_\_\_

**Crime Information**

Date of Crime \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to Police or PFA Filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Did it happen at work? ☐ Yes ☐ No Were the injuries caused by a motor vehicle? ☐ Yes ☐ No  
Location of crime (street name and number) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
Police Department \_\_\_\_\_ Police Incident Number \_\_\_\_\_  
Person(s) who committed crime \_\_\_\_\_  
Briefly Describe the crime and injuries: \_\_\_\_\_  
\_\_\_\_\_

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

**Benefit: Medical/Counseling Expenses**

Did you incur medical expenses? ☐ Yes ☐ No Did you incur counseling expenses? ☐ Yes ☐ No  
Do you have insurance to cover your medical/counseling expenses? ☐ Yes ☐ No  
*Provide itemized medical or counseling bills and insurance benefit statements, if applicable.*

**Benefit: Funeral Expenses/Loss of Support**

Did you incur funeral expenses? ☐ Yes ☐ No  
Did you receive any monies due to the death? (life insurance, Social security death benefit) ☐ Yes ☐ No  
Were you or others financially dependent on the deceased victim? ☐ Yes ☐ No  
*Provide copies of the itemized funeral bills/receipts and statements of any benefits received.*

**Benefit: Loss of Earnings**

Dates you missed work \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employers name and address: \_\_\_\_\_  
\_\_\_\_\_  
Doctor's name and address who can verify you missed work because of the crime \_\_\_\_\_

**Benefit: Stolen Cash**

Amount of money stolen? \$ \_\_\_\_\_  
One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.  
☐ Social Security benefit ☐ Retirement/Pension ☐ Disability ☐ Court ordered Child/Spousal support  
Do you have homeowner's/renter's insurance? ☐ Yes ☐ No Are you required to file IRS tax returns? ☐ Yes ☐ No  
*Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.*

**Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses**

Did you have to relocate due to the crime? ☐ Yes ☐ No  
Did you incur crime scene cleanup expenses? ☐ Yes ☐ No  
Did you incur transportation expenses? ☐ Yes ☐ No

**Representation by Others**

Are you represented in this matter by an attorney: In filing this compensation claim? ☐ Yes ☐ No  
In a civil lawsuit? ☐ Yes ☐ No In an insurance action? ☐ Yes ☐ No

**Victim Service Program Information**

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

<b>Acknowledgement &amp; Reimbursement Agreements and Authorization to Obtain Information</b>	<b>The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.</b>
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**Acknowledgement and Reimbursement Agreement:** The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which was stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

**Authorization to Obtain Information:** I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

<b>HIPAA Authorization and Release Agreement</b>	<b>If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.</b>
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I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to \_\_\_\_\_ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. \*\*I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

<b>Victim Statistical Information</b>	<b>Completion of this section is strictly optional. The following information is used for statistical purposes only.</b>
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**Race/Ethnicity:** ☐ White    ☐ Black/African American    ☐ Hispanic/Latino    ☐ American Indian/Alaskan Native  
☐ Asian    ☐ Native Hawaiian/Other Pacific Islander    ☐ Some Other Race    ☐ Multiple Races

**Gender:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_

**How did you find out about the Program:** ☐ Hospital    ☐ Prosecutor    ☐ Brochure    ☐ Police    ☐ Website/App  
☐ Victim Service Program    ☐ Other \_\_\_\_\_

**Mailing Address**  
 PO Box 1167  
 Harrisburg, PA 17108-1167

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 3101 North Front Street  
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**Phone and Fax Numbers**  
 800-233-2339  
 717-783-5153  
 717-787-4306 (FAX)

**Email**  
[ra-davesupport@pa.gov](mailto:ra-davesupport@pa.gov)

**Website:**  
[www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

**File online at** <https://www.dave.pa.gov>



# UNDERSTANDING YOUR RIGHTS AS A Victim of Crime

*If you are a victim of crime in Pennsylvania,  
you have the following rights:*

- ▶ **Get basic** information about services that can help you.
- ▶ **Be told** when important things happen in your case, like:
  - If an adult offender is given or denied bail.
  - If a young person (juvenile) is kept in custody or let go after being arrested.
  - If a petition is filed saying a juvenile committed a crime.
  - If an adult or juvenile escapes before their trial, and when they are caught again.
- ▶ **Have a** family member, victim advocate, or support person with you at court.
- ▶ **Share your** thoughts about the defendant's bail conditions, when bail is first set or if later changed.
- ▶ **Get immediate** notice if someone who broke a Protection From Abuse (PFA), Sexual Violence Protection Order (SVPO), or Protection From Intimidation (PFI) order is released on bail from jail.
- ▶ **Get help** writing or saying a victim impact statement that explains how the crime affected you physically, emotionally, and financially.
- ▶ **Receive as** much support as possible to get back what was lost—through money (restitution), victim compensation, or returning items used as evidence.
- ▶ **Get information** and help to fill out and follow up on a compensation claim.
- ▶ **Be told** about the Address Confidentiality Program if you're eligible to apply.
- ▶ **Stay in** the courtroom during any criminal proceedings unless the judge decides your testimony would change if you hear other people talk first.
- ▶ **Be notified** if an offender is moved from a state prison to a mental health facility, or if they are released, moved, or escape from custody.
- ▶ **Share your** opinion before an adult is sentenced or a juvenile's case is decided. You can also give a victim impact statement at this time.
- ▶ **Be told** the outcome of the case and any sentence given. This includes if the sentence later changes.



- ▶ **Be notified** of and give your thoughts if there's a new sentencing decision.
- ▶ **Get notice** and give your opinion if the prosecutor wants to let the offender into the Recidivism Risk Reduction Incentive (RRRI) Program, even if the offender doesn't meet all the normal requirements.
- ▶ **Be told** and give your opinion if the court considers letting the offender join the State Drug Treatment Program.
- ▶ **Be notified** if the offender is arrested for breaking a PFA order.
- ▶ **Receive notice** 90 days before the offender could be released on parole. You can share your thoughts in writing or in person about what parole should look like—or why it shouldn't happen at all.

## KNOWLEDGE IS POWER

### These Rights are Here to Protect & Support You

The justice system seems overwhelming, but support is available for you every step of the way. If you are a victim and believe your rights have been violated, contact the Office of the Victim Advocate at [OVA.PA.GOV](http://OVA.PA.GOV).

**Scan the QR code to visit  
[PCV.PCCD.PA.GOV](http://PCV.PCCD.PA.GOV)**



- ▶ **Be told** what the parole board decides before the offender is released.
- ▶ **Attend the** trial, including murder trials, and stay for sentencing if you want to share input.
- ▶ **Be present** if the offender is executed.

*This list was organized for quick reference. For the full list of victim rights and resources, **scan the QR code or visit [PCCD.PA.GOV](http://PCCD.PA.GOV)**.*



# ADDITIONAL RIGHTS FOR Specific Victims



## ► If you are a victim of a crime committed by a young person (juvenile):

- **Be notified** before any court hearings about the case.
- **Be told** if the juvenile's case is moved to or from adult court.
- **Receive notification** about what happens at the end of the case and what the final decision is.

## ► If you are a victim of a personal injury crime:

- **Be told** when the person accused is arrested or when charges are filed.
- **Be notified** about sentencing. (if the prosecutor knows ahead of time).
- **If you ask**, be told when the offender is released from jail.
- **Be notified** when decisions are being made about the offender's release from jail, like for:
  - Medical Reasons
  - Parole
  - Work Release
  - Relocationand be allowed to share your thoughts before and after those decisions.
- **Receive notice** when an adult offender is released including:
  - Medical Release
  - Parole
  - Work Release
  - Transfer to a Community Treatment Center
  - Temporary Leave (furlough)
- **Be told** right away if the offender escapes, and again when they are caught.
- **If you ask**, be told about any appeals being filed, heard, or decided.
- **Be notified** if the offender is sent to a mental health facility from jail or prison.
- **Receive notification** when the court no longer has control over the case.
- **Be able** to share your opinion before an offender is released early for medical or work reasons.
- **Share your** thoughts ahead of time if the charges might be reduced or dropped, if the plea changes, or if the case is moved away from court.

## ► If you are a victim of sexual assault:

- **Get information** about how to request a protection order.
- **Have a** trained counselor from a rape crisis center with you at the hospital during and after a medical exam.
- **Have a** sexual assault evidence kit collected and tested without your name if you choose.
- **Have the** rape kit collected and tested even if you don't know exactly where the assault happened.
- **Never be** billed for the cost of the rape kit or medical exam.
- **Have your** rape kit kept safely for the full time allowed by law.
- **If you ask**, be told the status of your rape kit, including at least 60 days before it might be destroyed.

## ► If you are a victim of a personal injury crime committed by a juvenile:

- **If you ask**, be told before the juvenile is released from a residential placement, shelter, or detention center.
- **By request**, be told and allowed to share a written objection before a juvenile is moved or released from a placement that goes against a court's earlier plan or order.
- **If you request**, share a written statement and speak in court during a review hearing about the juvenile's case.

## Local Support & Resources

### ► PA Coalition Against Domestic Violence (PCADV)

717.545.6400 or PCADV.ORG

*Find Your Local Domestic Violence Program*

PCADV.ORG/FIND-HELP

*24-Hour National Hotline*

800.799.SAFE (7233)

### ► PA Coalition to Advance Respect (PCAR)

800.692.7445 or PCAR.ORG

*Find Your local Rape Crisis Center*

888.772.7227

### ► PA ChildLine

800.932.0313 or DHS.PA.GOV

### ► PA Office of the Victim Advocate

800.563.6399 or OVA.PA.GOV

VISIT [PCV.PCCD.GOV](http://PCV.PCCD.GOV) OR SCAN THE QR CODE TO FIND YOUR LOCAL AGENCY'S INFO



## Additional Resources

**PA Office of the Victim Advocate**  
800.563.6399 or OVA.PA.GOV

**PA Coalition to Advance Respect (PCAR)** 800.692.7445 or PCAR.ORG  
*Find Your local Rape Crisis Center*  
888.772.7227

**PA Coalition Against Domestic Violence (PCADV)**  
717.545.6400 or PCADV.ORG

*Find Your Local Domestic Violence Program*  
PCADV.ORG/FIND-HELP  
**24-Hour National Hotline**  
800.799.SAFE (7233)

**PA ChildLine**  
800.932.0313 or DHS.PA.GOV



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Harrisburg, PA 17108-1167

 **717-783-5153 or 800-233-2339**  
(Toll Free)

 Fax # **717-787-4306**

 **ra-davesupport@pa.gov**



Find Local Support  
& More Resources at

**PCV.PCCD.PA.GOV**

- **Learn More** About Victims' Rights
- **Locate Help** In Your County
- **Apply** for the Victims Compensation Assistance Program (VCAP)  
& **File Claims** with Dependable Access for Victims' Expenses (DAVE)
- **Learn More** About the Address Confidentiality Program
- **Apply** to Receive Alerts From The PA Statewide Victim Notification System (PA SAVIN)
- **Download** the PA Crime Victims App

**YOU ARE NOT ALONE**

**YOUR LOCAL AGENCY'S INFORMATION**



**YOU ARE NOT ALONE**  
**PCV.PCCD.PA.GOV**

**UNDERSTANDING  
YOUR RIGHTS AS A**

# Victim of Crime



**CALL 717-783-5153**  
**OR TOLL FREE AT**  
**800-233-2339**



Pennsylvania  
**Commission on Crime  
and Delinquency**

## IF YOU ARE A VICTIM OF CRIME IN PA, You Have the Following Rights

- ▶ **Being Treated with Respect**  
*You have the right to be treated with dignity and fairness by law enforcement and the courts.*
- ▶ **Information About Your Case**  
*You can ask for updates about your case and the offender's status.*
- ▶ **Help with Court Processes**  
*You can have someone explain legal procedures to you.*
- ▶ **Support Services**  
*You can get help from victim services, including counseling and financial assistance.*
- ▶ **Protection from Abuse**  
*You can ask for protection if you're a survivor of domestic violence or sexual assault and you feel unsafe.*
- ▶ **Input in Sentencing**  
*You can share how the crime affected you before the judge decides the sentence.*
- ▶ **Notice of Offender's Release**  
*You can be notified if the offender is released from jail or prison.*
- ▶ **Restitution**  
*You may be able to receive money to cover losses caused by the crime*
- ▶ **Confidentiality**  
*Your personal information should be kept private as much as possible.*



KNOWLEDGE  
IS POWER

These Rights  
are Here to Protect  
& Support You

The justice system seems overwhelming, but support is available for you every step of the way. If you are a victim and believe your rights have been violated, contact the **Office of the Victim Advocate** at **OVA.PA.GOV**.

**YOU ARE NOT ALONE**

This list was organized for quick reference. For the full list of victim rights and resources, **scan the QR code or visit PCCD.PA.GOV**.

View the  
Full List of  
Victims'  
Rights at  
**PCCD.PA.GOV**

## Additional Rights for Specific Victims

### Victims of Crimes Committed by Juveniles

- **Be notified** of hearings related to the juvenile's case.
- **Receive updates** on the final outcome of the case.

### Victims of Sexual Assault

- **Have a** confidential counselor present at the hospital during a forensic exam
- **Have evidence** collected and tested anonymously (if requested).
- **Not be** billed for forensic exams or evidence collection.
- **Be notified** about the status of your sexual assault evidence kit and storage.

### Victims of Personal Injury Crimes

- **Receive notice** when a suspect is arrested or a complaint is filed.
- **Be informed** about sentencing decisions and post-sentencing releases.
- **Know when** an offender is transferred to a mental health facility or released from incarceration.

### Victims of Juvenile Personal Injury Crimes

- **Receive updates** if the juvenile is released from a shelter, detention center, or residential placement.
- **Provide written** objections before a juvenile is transferred or released.
- **Get immediate** notice if the juvenile escapes and is later caught.





**Victims' Compensation Assistance Program**  
**1-800-233-2339**

**Address Confidentiality Program**  
**1-800-563-6399**

**Pennsylvania Legal Aid Network**  
**1-800-322-7572**

**Pennsylvania Coalition Against Domestic  
Violence (PCADV)**  
**1-800-932-4632**

**Pennsylvania Coalition Against Rape (PCAR)**  
**1-800-692-7445**  
**1-888-772-7227 (Local Resources)**

**Statewide Elder Abuse Hotline**  
**1-800-490-8505**

**Mothers Against Drunk Driving  
(PA Central Office)**  
**1-800-848-6233**

**Office of the Victim Advocate**  
**1-800-322-4472**

**For information and a complete listing  
of all the victim services programs in  
Pennsylvania and your rights under the law,  
please visit:**

**[www.pacimevictims.com](http://www.pacimevictims.com)**

## Notes:

# PA SAVIN

Pennsylvania's Victim Notification Service



## VICTIMS HAVE THE RIGHT TO KNOW

# 1-866-9PA-SAVIN

**TOLL-FREE 1-866-972-7284**

**TTY 1-866-847-1298**

Access to free information and  
notification about the status of  
offenders in:

**County Jails**

**State Prisons**

or on

**State Parole**

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# PA SAVIN: Pennsylvania's Victim Notification Service

PA SAVIN is an automated service that lets you track the custody status of offenders in county jails, state prisons, or on state parole. By calling the toll-free number or visiting [www.pacrimewictims.com](http://www.pacrimewictims.com), you can find out the custody status of an offender. You can also register to be notified by phone and e-mail if the custody status of an offender changes.

PA SAVIN is part of our state's commitment to support victims of crime. This service provides crime victims, their families, and their circles of support with free information and notification regarding an offender's release, transfer or escape.

## Custody information:

### Information

Call 1-866-972-7284 and follow the instructions, or visit [www.pacrimewictims.com](http://www.pacrimewictims.com) and click Notifications About Offenders (Including PA SAVIN).

### Registration

If the offender is in custody, you can register to receive notifications by phone and e-mail.

- If registering a phone number, you will be asked to create a four-digit personal identification number (PIN) that will be used to confirm that the call was received. Make sure your PIN is easy to remember.

### Notification

You will be notified if the offender:

- Is released
- Is transferred to another location
- Escapes
- Dies

When PA SAVIN calls, listen to the message, then enter your PIN followed by the pound (#) key when asked. Entering the PIN lets PA SAVIN know that you received the call and will stop the service from calling you again.

# 1-866-9PA-SAVIN

TTY Users: 1-866-847-1298

Write down the following information,  
tear off this panel,  
and keep in a safe place:

Offender name

Offender number

Your four-digit PIN

- Since PA SAVIN calls automatically when an offender's custody status changes, you may get a call from PA SAVIN in the middle of the night.
- If there is no answer, PA SAVIN will continue calling back until you enter your PIN or until up to 72 hours have passed. If you do not answer a notification call, PA SAVIN will leave a message.
- Do not register a phone number that rings to a switchboard.
- PA SAVIN is confidential. The offender will not know you are registered with PA SAVIN.
- You can register multiple phone numbers and e-mail addresses for notifications.
- If you forget your PIN, call the toll-free number and press zero. You will be transferred to an operator who can help you reset your PIN or cancel notification.
- Operators are available 24 hours a day, seven days a week to assist you.

[www.pacrimewictims.com](http://www.pacrimewictims.com)

Do not rely solely on PA SAVIN for your safety. If you feel you are at risk, take precautions and contact your local victim services program.

# RECEIPT OF INFORMATION

I received information on the basic rights and services available for victims of crime. I have also been verbally advised of these services, as well. Including the availability of state shelter, if applicable.

My name and telephone number \_\_\_\_\_ **may** \_\_\_\_\_ **may not**

Be provided to the appropriate agency or agencies on the following pages that can aid in assistance.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

