CRIME VICTIM ADVOCACY CLIENT INTAKE QUESTIONNAIRE:

IF YOU ARE IN DANGER, CALL 911. National Domestic Violence Hotline: 1-800-799-7233 | RAINN Sexual Assault Hotline: 1-800-656-4673 | 988 Suicide & Crisis Lifeline: call or text 988

CONFIDENTIAL. As a crime victim, you have rights, including the right to be treated with fairness and dignity, to be protected from the defendant, to be notified of and heard at court proceedings, and to receive restitution. Our Crime Victim Advocates help you exercise those rights. Share only what you are comfortable sharing. You may skip any question and we can discuss it privately. If a question does not apply, write "N/A."

NAME OF THE CLIENT:

This form is being completed by:

[__] The victim [__] Parent / guardian of a minor victim

[__] Family member of a deceased victim [__] Other representative

[__] Your Full Legal Name: _____

Victim's name (if different): _____ Victim's age: _____

Your relationship to the victim (if not the victim): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Syndicate Plan Member ID: _____ Primary language: _____

Is it safe to contact you at the phone, email, and address above? [__] Yes [__] No

Safest way and time to reach you: _____

Preferred method of contact:

[__] Phone [__] Text

[__] Email [__] Through a trusted person

PART 1 — HOW CAN WE HELP?

1.1 Services needed (check all that apply):

[__] Prepare victim / witness declarations for police or prosecutors

[__] Help compile evidence for the prosecution

[__] Calculate damages and collect restitution

[__] Explain the criminal court process and what is happening

[__] Act as liaison with police, investigators, and prosecutors

[__] Protection from the defendant(s)

[__] Explain my rights under the Victims' Bill of Rights

[__] Connect me with community resources

[__] Prepare me or my witnesses to testify

[__] Prepare a victim impact statement for sentencing

[__] Apply for victim compensation

[__] Not sure — need guidance

PART 2 — THE CRIME

2.1 Type of crime (check all that apply):

[__] Assault / battery
[__] Sexual assault
[__] Burglary / theft
[__] Elder or dependent adult abuse
[__] DUI / hit and run
[__] Hate crime
[__] Homicide (family member)
[__] Vandalism / property crime
[__] Domestic violence
[__] Robbery
[__] Fraud / scam / identity theft
[__] Child abuse
[__] Stalking / harassment / threats
[__] Human trafficking
[__] Cybercrime
[__] Other

2.2 Date(s) of the crime: _____ Time: _____

2.3 Location (city, county, state): _____

2.4 Briefly describe what happened (only what you are comfortable sharing): _____

_____

_____

_____

2.5 Has this person harmed or threatened you before? [__] Yes [__] No

PART 3 — POLICE REPORT & CRIMINAL CASE

3.1 Was the crime reported to law enforcement? [__] Yes [__] No

Agency: _____ Report No.: _____

Investigating officer / detective: _____ Phone: _____

3.2 Has anyone been arrested? [__] Yes [__] No

3.3 Current stage of the case:

[__] Investigation ongoing
[__] Arraignment
[__] Trial scheduled
[__] Sentencing
[__] Charges declined / dismissed
[__] Charges filed
[__] Preliminary hearing
[__] Plea agreement
[__] Probation / parole
[__] Not sure

3.4 Court / County: _____ Case Number: _____

Prosecutor (Deputy DA) name / phone: _____

Victim-witness advocate assigned by DA (if any): _____

3.5 Next court date / time / department: _____

3.6 Have you been subpoenaed to testify? [__] Yes [__] No

3.7 Concerns about how police, investigators, or prosecutors have handled your case: _____

_____

_____

PART 4 — THE SUSPECT / DEFENDANT

Name (if known)	Relationship to You	In Custody?	Known Address / Area

4.1 Has the suspect contacted you or your family since the crime? [__] Yes [__] No

If yes, explain: _____

_____

4.2 Does the suspect have access to weapons? [__] Yes [__] No

4.3 Do you share children, a home, a workplace, or school with the suspect? [__] Yes [__] No

If yes, explain: _____

_____

PART 5 — SAFETY & PROTECTION

5.1 How safe do you feel right now?

[__] Safe [__] Somewhat safe [__] Not safe

5.2 Protective orders currently in place:

[__] Criminal protective order [__] Domestic violence restraining order

[__] Civil harassment restraining order [__] Elder abuse restraining order

[__] Emergency protective order [__] None

Expiration date: _____ Case No.: _____

5.3 Would you like help obtaining or enforcing a protective order? [__] Yes [__] No

5.4 Have you received threats or been intimidated since reporting? [__] Yes [__] No

If yes, explain: _____

_____

5.5 Do you need help relocating or keeping your address confidential? [__] Yes [__] No

California's Safe at Home program can provide a substitute mailing address to help victims keep their home address confidential.

5.6 Do you want to be notified if the defendant is released or transferred? [__] Yes [__] No

PART 6 — INJURIES & LOSSES (RESTITUTION & COMPENSATION)

Victims may be entitled to restitution ordered by the court and to help from the California Victim Compensation Board (CalVCB) for crime-related expenses not covered by insurance. Keep all receipts and bills.

6.1 Were you physically injured? [__] Yes [__] No

If yes — treatment providers / hospital: _____

6.2 Are you receiving or do you need counseling? [__] Yes [__] No

6.3 Losses & Expenses:

Type of Loss	Amount $	Insurance Paid $
Medical / dental bills		
Counseling / mental health		
Lost wages / income		
Stolen or damaged property		
Relocation / moving costs		
Home security / lock changes		
Funeral / burial expenses		
Money lost to fraud		
Other:		

6.4 Have you applied to the Victim Compensation Board? [__] Yes [__] No

If yes — claim number and status: _____

6.5 Has the court ordered restitution? [__] Yes [__] No

If yes — amount ordered and amount received: $ _____

PART 7 — EVIDENCE & WITNESSES

7.1 Evidence you have or know about:

[__] Photos of injuries / damage [__] Video (security, phone)

[__] Messages / voicemails / social media [__] Medical records

[__] Receipts / bank records [__] Written statements

[__] Physical evidence [__] Other

7.2 Has all of your evidence been given to police or the prosecutor? [__] Yes [__] No

If yes, explain: _____

_____

7.3 Witnesses:

Name	Relationship	Phone / Email	What They Saw or Know

7.4 Have you given a written or recorded statement? [__] Yes [__] No

PART 8 — COURT PARTICIPATION

8.1 How would you like to participate? (check all that apply)

[__] Be notified of all hearings

[__] Attend hearings

[__] Confer with the prosecutor about plea offers

[__] Speak at sentencing (victim impact statement)

[__] Be heard at bail / release hearings

[__] Be notified of parole hearings

[__] Prefer not to be involved

8.2 Support needed for court:

[__] Interpreter [__] Support person in court

[__] Disability accommodation [__] Separate waiting area

[__] Transportation [__] Child care

8.3 Does your employer know you may need time off for court? [__] Yes [__] No

California law generally protects victims from being fired for taking time off to attend court proceedings or obtain relief.

PART 9 — COMMUNITY RESOURCES & OTHER NEEDS

9.1 Resources or help you would like (check all that apply):

[__] Counseling / therapy [__] Medical care

[__] Emergency shelter / housing [__] Food / financial assistance

[__] Support group [__] Help for children affected

[__] Family law (custody, divorce) [__] Civil lawsuit against the offender

[__] Insurance claims [__] Identity theft recovery

[__] Immigration relief for crime victims [__] Employment / school accommodations

9.2 Anything else you want your advocate to know (cultural, religious, or accessibility needs): _____

_____

_____

PART 10 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Police report / incident number
[__] Protective / restraining orders
[__] Counseling bills
[__] Receipts for losses / repairs
[__] Messages / threats received
[__] Restitution order
[__] Court papers / subpoenas
[__] Medical records & bills
[__] Proof of lost wages
[__] Photos / videos
[__] CalVCB application / letters
[__] Insurance claim documents

Authorization & Certification:

[__] I authorize Syndicate Subscription Legal Plans to communicate on my behalf with law enforcement, investigators, prosecutors, victim-witness programs, and the Victim Compensation Board regarding this matter.

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of providing crime victim advocacy services.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.