



pennsylvania

OFFICE OF VICTIM ADVOCATE

Victims of crime in Pennsylvania have rights, as well as standards of service they can expect to receive. Crime victims' rights are provided in Title 18 section 11.201 of Pennsylvania Statutes. Survivors of crime have standing in court to address violations of those rights pursuant to 18 P.S. § 11.231. These rights and standards help guarantee that victims are provided with information, practical and emotional support, and are able to participate fully in the criminal justice system.

Crime victims rights are provided by several different entities, which may include a state or local law enforcement agency, the prosecutor's office, local correctional facility, PA Department of Corrections, PA Parole Board, a juvenile probation office, victim service agencies, and/or the PA Department of Public Welfare.

If you believe your rights were violated, you may file a complaint by completing the enclosed form and returning it to the PA Office of Victim Advocate. OVA will review your complaint and a staff member will contact you. With your permission, OVA will advocate on your behalf and attempt to reach a resolution.

Definition of a Victim, as defined by the PA Crime Victims Act:

A person against whom a crime has been perpetrated which may include, but is not limited to:

- a parent or legal guardian of a minor victim except when the parent or legal guardian of the minor is the alleged offender
- a parent or legal guardian of an incapacitated adult victim
- a family member of a homicide victim

In addition to immediate family, this includes but is not limited to stepparents, stepsiblings, stepchildren, fiancés or paramours.

Return forms to: 1101 S. Front Street, Suite 5200 | Harrisburg, PA 17104 or RA-OVAinfo@pa.gov

What to Expect Next

OVA will review your complaint and a staff member will contact you. We will address your concerns and advocate for an appropriate remedy.

Basic Information

Name:	Email Address:
Mailing Address:	

Contact Information

Would you like an OVA staff member to call you to discuss your experience? Yes No
If you answered Yes, please provide telephone information below.

Phone: () _____	Ok to leave message? Yes No	Best time to call:	Special Instructions:
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Crime Information

Did the crime occur in Pennsylvania? Yes No	Are you the direct victim of the crime? Yes No	
In what county did the crime occur?	Date of the crime:	
Defendant's Name:	Case #:	Inmate #:
Type of crime: ___ arson ___ assault ___ burglary/robbery ___ child abuse ___ child sexual assault ___ driving under the influence ___ harassment ___ domestic violence ___ homicide ___ human trafficking ___ kidnapping ___ property crime ___ sexual assault ___ stalking ___ other vehicle crime ___ other: _____		

Provider Information

Throughout the criminal justice process, whom do you believe violated your rights?

___ law enforcement	___ district attorney's office
___ victim service provider	___ courts
___ probation/parole	___ domestic violence shelter/rape crisis center
___ corrections	___ other: _____

Continued on next page.

Provider Information *continued*

Please provide the name of each individual or agency that you believe did not provide you with your rights or did not treat you with dignity and respect.

Do you authorize OVA to contact the service providers listed above as violating your rights as a victim of crime?
You may file the complaint without authorizing this. Yes No

Please initial and date that you agree that OVA may contact service providers and release your name and case information to best address issues that have occurred. Initial _____ Date _____

Rights Information

Please check the right(s) you feel have been violated.

- receiving basic information regarding services
- notification of criminal and juvenile proceedings related to your case
- accompaniment to all court proceedings
- opportunity to provide comments prior to the resolution of your case
- opportunity to provide written or verbal impact statements before the sentencing judge
- opportunity to provide comments post sentencing regarding work release, parole, boot camp, state intermediate punishment, if applicable
- receiving information regarding the location of the inmate and/or notice of escape
- assistance in preparation, submission, or follow up on financial assistance

Please provide a brief summary explaining how your rights were violated.

If you checked Yes to be contacted on page 1, OVA will reach out to gather additional information.

Affidavit

By signing this form you are confirming that all statements are true and accurate to the best of your knowledge.

- I understand that filing a complaint does not guarantee a resolution in my case.
- I understand that, if I did not authorize OVA to contact service providers above, confidentiality will be honored.
- I understand that the information provided will be used to improve victim services across Pennsylvania.

Signature _____ Date _____