

CLERMONT COUNTY VICTIM ASSISTANCE PROGRAM

Date _____ Contact: Phone _____ Mail _____ Email _____ Judge _____

DEFENDANT INFORMATION

Police Agency/ Officer _____

Defendant _____ Attorney _____

Case No. _____

Charges _____

Weapon _____ Drugs/Alcohol Involved _____ Def or V _____

Victim Injuries _____ Photos Taken _____

VICTIM INFORMATION

Name _____ DOB _____

Address _____

Phone _____ Other _____ Email _____

Children witness incident: Yes _____ or No _____ CPS Notified _____ Case Worker _____

Names of Children _____

Relationship _____ Notified of TPO Hearing _____

CASE INFORMATION

Bond _____

Jail/ Community Service _____

Treatment _____

Charge/Contact _____

Restitution _____

Court Dates

CONTACT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SERVICES

VAP _____ Card _____ YWCA _____ CVC _____ TPO _____ Date _____

Crisis _____ VINE _____ Marsy's Law _____ Intake Form _____ CPO _____ Date _____

Other _____ Other _____