



OFFICE OF THE HUDSON COUNTY PROSECUTOR

595 NEWARK AVENUE
JERSEY CITY, NEW JERSEY 07306

ESTHER SUAREZ
PROSECUTOR

TELEPHONE: (201) 795-6400
FAX: (201) 369-5211

The Office of Victim Witness Advocacy would like to take this opportunity to reach out to you and your family regarding the recent incident.

We in the Office of Victim Witness Advocacy, are available to offer you and your child assistance, support, and guidance. The advocates in our unit can act as a liaison for you and your child with social service agencies, schools, and other interventions.

The QR Code provided below will allow you to access information on resources that may assist you and your family during this time. If you would like further information on resources please feel free to visit <https://hcpovictimwitness.org/VWPortal>.

Statewide information on additional resources is available at <https://njcasa.org/our-work/resources/>. If you are interested in determining if you qualify for a Victim's Assistance and Survivor Protection Order (VASPA), please review the packet. If you are eligible to file for a VASPA please complete the packet and submit it via email to the Hudson County Family Court Division at HudEmergent.Mailbox@njcourts.gov. A Family Division staff member will review the submitted form and contact you (the victim/plaintiff) to coordinate a date and time for a telephonic or video hearing before a Superior Court Judge.

Should you have questions about the status of the criminal prosecution, please contact Assistant Prosecutor Andrew Baginski at (201) 795-6400 ext. 6586 or Assistant Prosecutor Barbara Drasheff at (201) 795-6400 ext. 6993.

If you have any questions, or would like to request a paper copy of the information please contact the Office of Victim Witness Advocacy at (201) 795-6508.

Sincerely,

The Office of Victim Witness Advocacy



Si tiene cualquier pregunta, por favor llame a la Oficina de Víctimas y Testigos del Condado de Hudson al (201) 795-6508.

Hudson County Prosecutor's Office

Office of Victim Witness Advocacy

Sexual Assault is considered a serious crime in the state of New Jersey. The Office of Victim Witness Advocacy provides assistance to victims to help lessen the loss and inconveniences suffered as a result of the crime.

Listed below are some social service agencies and other counseling services below available to victims and their families.

La agresión sexual se considera un delito grave en el estado de Nueva Jersey. La Oficina de Defensa de Testigos de Víctimas brinda asistencia a las víctimas para ayudar a disminuir la pérdida y los inconvenientes sufridos como resultado del delito.

A continuación, se enumeran algunas agencias de servicios sociales y otros servicios de asesoramiento a continuación disponibles para las víctimas y sus familias.

Perform Care

Available 24/7

Contact: 1-877-652-7624

Website: www.performcarenj.org

Hudson S.P.E.A.K.S. - Assisting Survivors (13 years and up) in Hudson County

179 Palisades Avenue

Jersey City, NJ 07306

24/7 Bilingual Hotline: (201) 795-5757

Jersey City Medical Center - Trauma Recovery Center

355 Grand Street

Jersey City, NJ 07302

Contact: (201) 839-2644

Victim of Crime Compensation Office

50 Park Place, 5th Floor

Newark, NJ 07102

Contact: 973-648-3937

Website: <https://www.njoag.gov/vcco/>

Northeast New Jersey Legal Services

547 Summit Avenue, 2nd Floor

Jersey City, NJ 07306

Contact: (201) 792-6363

Website: www.northeastnjlegalservices.org

For statewide information please visit the New Jersey Coalition Against Sexual Assault website www.njcasa.org

REFERRALS

Christ Hospital Psychiatry and Behavioral
Health
179 Palisade Avenue, Jersey City, NJ
(201) 795-8375

Hudson S.P.E.A.K.S (formerly Rape Crisis)
24 hour Hotline
(201) 795-5757

Jersey City Medical Center
355 Grand Street, Jersey City, NJ 07302
(201) 915-2000

Hoboken University Medical Center
Community of Mental Health
506 3rd Street, Hoboken, NJ
(201) 792-8200

Hackensack -Palisades Medical Center
Counseling Center
7101 Kennedy Blvd., North Bergen, NJ
(201) 854-0500

North Hudson Community Action
Corporation
5301 Broadway, West New York, NJ
(201) 866-9320

714 31st Street, Union City, NJ
(201) 863-7077
1116 43rd Street, North Bergen, NJ
(201) 330-2632
324 Palisade Avenue, Jersey City, NJ
(201) 459-8888

WomenRising Inc.
Programs for Women and Families
(Domestic Violence)
270 Fairmount Avenue, Jersey City, NJ
(20) 333-5700

New Jersey Superior Court
Chancery Division—Family Part
Hudson Vicinage
595 Newark Avenue, Jersey City, NJ
(201) 748-4400

Department of Child Protection and
Permanency
(DCP&P)
1-877-NJ-ABUSE

Hudson County Department of
Families Services
Division of Welfare
257 Cornelison Avenue, Jersey City, NJ
(201) 420-3000

Garden State Episcopal Office of
Community Services
(201) 604-2600

Health and Human Services
(Also known as 2-1-1)
1-800-435-7555

PERSONAL CASE INFORMATION

Prosecutor file number:

Prosecutor/Phone Number:

Helpful Resources

Trauma Recovery Center (TRC)
Jersey City Medical Center
(201) 839-2644

New Jersey Coalition for Battered Women

www.njcbw.org

24/7 Hotline: 1-800-572-SAFE (7233)

New Jersey Coalition Against
Sexual Assault

www.njcasa.org

24/7 Hotline: 1-800-601-7200

New Jersey Coalition Against
Human Trafficking

www.njhumantrafficking.org

24/7 Hotline: 1-888-373-7888

Behavioral Health Care Point Health
www.carepointhealth.org/behavioral-health
1-877-791-7000

Hudson County Assistance Programs

[www.needhelppavingbills.com/html/
hudson_county_public_assistanc.html](http://www.needhelppavingbills.com/html/hudson_county_public_assistanc.html)

(website only)

HUDSON COUNTY PROSECUTOR'S OFFICE

ESTHER SUAREZ
County Prosecutor

Wayne Mello
First Assistant Prosecutor



OFFICE OF VICTIM WITNESS ADVOCACY

595 Newark Avenue
Jersey City, NJ 07306
Telephone: (201) 795-6508
Fax: (201) 369-5211

Silena R. Shuta
Victim Witness Coordinator

MESSAGE FROM THE PROSECUTOR

Everyday, in our country innocent people become victims of senseless acts of violence. Peoples' lives are forever changed due to these crimes. The Office of Victim/Witness Advocacy is a supportive resource during these difficult times. The advocates and staff members assist victims and their families through the criminal justice process.

The Hudson County Prosecutor's Office believes that the voices of victims and witnesses are an important part of the Criminal Justice System. The cooperation of every victim and witness is vital to the prosecution of offenders.

The goal of the Office of Victim/Witness Advocacy is to ensure that the rights of victims of crime and witnesses are protected and that their needs receive our full attention.

Sincerely,



ESTHER SUAREZ
County Prosecutor

The Office of Victim Witness Advocacy...

- ◆ Provides information on the disposition and status of criminal and domestic violence cases.
- ◆ Informs the victim/next of kin if the defendant is released on parole.
- ◆ Provides referrals to social service agencies and other counseling services.
- ◆ Provides assistance in obtaining Restraining Orders.
- ◆ Provides crisis intervention.
- ◆ Provides assistance in filling out applications with VCCO (Victims of Crime Compensation Office) for reimbursement of medical bills, funeral expenses, relocation, etc.
- ◆ Provides communication and intervention services with employers and/or schools.
- ◆ Assists with property/evidence return.
- ◆ Provides orientation of the criminal justice system for the victim to be familiar with.
- ◆ Provides referral information on available medical testing for those victims of criminal acts involving disease transmission.
- ◆ Has a bilingual staff available. (Spanish)
- ◆ Provides assistance with Victim Impact Statements.
- ◆ Provides a safe area for victims/surviving family members next of kin to await Superior Court proceedings.

To find out if a defendant in your case is in custody at the Hudson County Jail, please call the computer operated VINELink system at 1-877-846-3465 or go to www.vinelink.com. Both are available 24 hours a day, 7 days a week.

THE CONSTITUTIONAL AMENDMENT

The New Jersey State Constitution includes guaranteed rights for crime victims. Article 1, Paragraph 22 reads:

A victim of a crime shall be treated with fairness, compassion and respect by the criminal justice system. A victim of a crime shall not be denied the right to be present at public judicial proceedings except when, prior to completing testimony as a witness; the victim is properly sequestered in accordance with law or the Rules Governing the Courts of the State of New Jersey. A victim of a crime shall be entitled to those rights and remedies as may be provided by the Legislature.

CRIME VICTIMS BILL OF RIGHTS

N. J. S. 52-4B-36

- To be treated with dignity and compassion by the criminal justice system;
- To be informed about the criminal justice process;
- To be free from intimidation;
- To have inconveniences associated with participation in the criminal justice system process minimized;
- To make at least one telephone call provided the call is reasonable in both length and location;
- To provide medical assistance reasonably related to the incident;
- To be notified in a timely manner if presence in court is not needed;
- To be informed about available remedies, financial assistance and social services;
- To be compensated for loss sustained by the victim whenever possible;
- To be provided a secure waiting area during court proceedings;
- To be advised of case progress and final disposition;
- To prompt return of property when no longer needed as evidence;
- To submit a written statement about the impact of the crime to a representative of the Prosecutor's Office;
- To make, prior to sentencing, an in person statement directly to the sentencing court;
- To be notified of any release or escape of the defendant.

REFERENCIAS

Hospital Christ - Salud de
Comportamiento y Psiquiatria
179 Palisade Avenue, Jersey City, NJ
(201) 795-8375

Hudson S.P.E.A.K.S (anteriormente Crisis
de Violaciones)
24 hr. Línea Directa
(201) 795-5757

Centro Medico-Jersey City
355 Grand Street, Jersey City, NJ 07302
(201) 915-2000

Hoboken University Medical Center,
Salud Mental de la Comunidad
506 3rd Street, Hoboken, NJ
(201) 792-8200

Hackensack - Palisades Medical Center,
Centro de Asesoramiento
7101 Kennedy Blvd., North Bergen, NJ
(201) 854-0500

Corporacion Accion Comunitaria del
Norte de Hudson
5301 Broadway, West New York, NJ
(201) 866-9320
714 31st Street, Union City, NJ
(201) 863-7077
1116 43rd Street, North Bergen, NJ
(201) 330-2632
324 Palisade Avenue, Jersey City, NJ
(201) 459-8888

Women Rising Inc.
Programas para Mujeres y Familia
(Violencia Domestica)
270 Fairmount Avenue, Jersey City, NJ
(201) 333-5700

New Jersey Corte Superior
Division Cancilleria—Parte de Familia
Hudson Vicinaje
595 Newark Avenue, Jersey City, NJ
(201) 795-6779

Departamento de Proteccion de Menores y
Permanencia
(Anteriormente conocido como D.Y.F.S.)
1-877-NJ-ABUSE

Departamento de Hudson County
Servicio Familiares
Division de Asistencia Publica
257 Cornelison Avenue, Jersey City, NJ
(201) 420-3000

Garden State Episcopal Oficina de
Servicios Comunitarios
(201) 604-2600

Servicio de Salud Humana
(Tambien conocido como 2-1-1)
1-800-435-7555

INFORMACION DE CASO PERSONAL

Número de expediente de la Fiscal:

Número Telefonico de la Fiscal:

Recursos Útiles

Centro de Recuperación de Trauma Centro
Médico de la Ciudad de Jersey
201-839-2644

Coalición Para Mujeres Maltratadas
New Jersey

www.njcbw.org

24/7 Línea Directa: 1-800-572-SAFE (7233)

Coalición En Contra El Abuso Sexual
De Mujeres - New Jersey

www.njcasa.org

24/7 Línea Directa: 1-800-601-7200

Coalición Contra El Trafico Humano New
Jersey

www.njhumantrafficking.org

24/7 Línea Directa: 1-888-373-7888

(Cuidado de Salud del Comportamiento) Care
Point Health

www.carepointhealth.org/behavioral-health

1-877-791-7000

Programas de Asistencia del
Condado de Hudson

[www.needhelppayingbills.com/html/
hudson_county_public_assistanc.html](http://www.needhelppayingbills.com/html/hudson_county_public_assistanc.html)

(Pagina de Web)

OFICINA DE LA FISCAL DEL CONDADO DE HUDSON

ESTHER SUAREZ
Fiscal del Condado

Wayne Mello
Primer Asistente de la Fiscal



OFICINA DE APOYO DE VICTIMAS Y TESTIGOS

595 Newark Avenue
Jersey City, NJ 07306
Numero Telefonico: (201) 795-6508
Fax: (201) 369-5211

Silena R. Shuta
Coordinadora de Victimas y Testigos


MENSAJE DE LA FISCAL DEL CONDADO

Todos los días, en nuestro país personas inocentes se convierten en víctimas de actos de violencia sin sentido. Las vidas de las personas cambian para siempre debido a estos crímenes. La Oficina de Apoyo de Víctimas y Testigos es un recurso de apoyo durante estos tiempos difíciles. Los defensores y miembros del personal asisten a las víctimas y sus familias a través del proceso de Justicia Penal.

La Fiscalía del Condado de Hudson cree que las voces de las víctimas y los testigos son una parte importante del sistema de justicia criminal. La cooperación de cada víctima y testigo es vital para el enjuiciamiento de los delincuentes.

El objetivo de la Oficina de Apoyo de Víctimas y Testigos es garantizar que los derechos de las víctimas de crímenes y testigos estén protegidos y que sus necesidades reciban toda nuestra atención.

Sinceramente,



ESTHER SUAREZ
Fiscal Del Condado

LA OFICINA DE APOYO DE VÍCTIMAS Y TESTIGOS

- ♦ Proporciona información sobre la disposición y el estado de los casos de violencia criminal y doméstica.
- ♦ Informa a la víctima/pariente siguiente si el acusado es liberado en libertad condicional.
- ♦ Proporciona referencias a agencias de servicios sociales y otros servicios de consejería.
- ♦ Proporciona asistencia en la obtención de órdenes de restricción.
- ♦ Proporciona intervención en crisis.
- ♦ Proporciona asistencia en el llenado de solicitudes con VCCO (víctimas de la oficina de compensación de delitos) para el reembolso de facturas médicas, gastos funerarios, reubicación, etc.
- ♦ Proporciona servicios de comunicación e intervención con empleadores y/o escuelas.
- ♦ Ayuda con el retorno de la propiedad/evidencia.
- ♦ Proporciona orientación del sistema de justicia penal para que la víctima se familiarice con ella.
- ♦ Proporciona información de referencia sobre las pruebas médicas disponibles para aquellas víctimas de actos criminales que implican transmisión de enfermedades.
- ♦ Tiene un personal bilingüe.
- ♦ Proporciona asistencia con declaraciones de impacto de víctimas.
- ♦ Proveer un área segura para que las víctimas y/o familiares sobrevivientes que están cerca de sus parientes, esperen los procedimientos del Tribunal superior.

Para averiguar si un acusado en su caso está bajo custodia en la cárcel del Condado de Hudson, por favor llame al sistema de VINE operado por computadora al numero telefonico 1-877-846-3465 o visite la pagina de web www.vinelink.com. Ambos están disponibles las 24 horas del día, los 7 días de la semana.

LA ENMIENDA CONSTITUCIONAL

La Constitución del estado de Nueva Jersey incluye derechos garantizados para las víctimas de delitos. El Artículo 1, Párrafo 22, dice:

La víctima de un delito será tratada con igualdad, compasión y respeto por el sistema de Justicia Penal. A la víctima de un delito no se le negará el derecho a estar presente en los procedimientos judiciales públicos, excepto cuando, antes de completar el testimonio como testigo; la víctima está debidamente secuestrada de acuerdo con la ley o las reglas que rigen los tribunales del estado de Nueva Jersey. La víctima de un delito tendrá derecho a los derechos y recursos que pueda proporcionar la legislatura.

DECLARACIÓN DE DERECHOS DE LAS VÍCTIMAS DEL CRIMEN

N. J. S. 52-4B-36

- Ser tratados con dignidad y compasión por el sistema de justicia penal;
- Ser informado sobre el proceso de justicia penal;
- Estar libre de intimidación;
- Tener inconvenientes asociados con la participación en el proceso del sistema de justicia penal minimizado;
- Para hacer al menos una llamada telefónica siempre que la llamada sea razonable tanto en la longitud como en la ubicación;
- Proporcionar asistencia médica razonablemente relacionada con el incidente;
- Para ser notificado oportunamente si no se necesita presencia en el Tribunal.
- Ser informado de los recursos disponibles, la asistencia financiera y los servicios sociales; necesarios;
- Para ser compensado por la pérdida sufrida por la víctima siempre que sea posible;
- Que se proporcione una zona de espera segura durante los procedimientos judiciales;
- Para ser advertido del progreso del caso y de la disposición final;
- Para solicitar la devolución de la propiedad cuando ya no se necesite como prueba;
- Presentar una declaración escrita sobre el impacto del delito ante un representante de la Fiscalía;
- Para hacer, antes de la sentencia, una declaración en persona directamente al Tribunal de sentencia;
- Para ser notificado de cualquier liberación o fuga del acusado.



New Jersey Victim's Assistance and Survivor Protection Act (VASPA) Filing Packet

Superior Court of New Jersey - Chancery Division - Family Part

Who Should Use This Packet?

A. To file for a Temporary Protective Order (TPO) or amend your Verified Complaint you may use the forms in this packet if you are:

- A victim of nonconsensual sexual contact, sexual penetration, lewdness, cyber-harassment, or stalking (see definitions on page 4) or any attempt at such conduct.
- A parent or guardian filing on behalf of your child who is less than 18 years of age **or** has a developmental disability or a mental disease or defect that renders them temporarily or permanently incapable of understanding the nature of the defendant's conduct, including, but not limited to, being incapable of providing consent, or of understanding the nature of the alleged conduct.
- Filing an amended verified complaint to include additional information about the acts the defendant committed or attempted to commit against you.

Do NOT use this packet if:

You meet the definition of a "victim" under the Prevention of Domestic Violence Act (PDVA)- N.J.S.A. 2C:25-19 (d)(a) which is as follows:

A person protected by the PDVA includes any person:

1. **Who** is 18 years of age or older, **or** who is an emancipated minor, and who has been subjected to domestic violence by:
 - a. A spouse, or
 - b. A former spouse, or
 - c. Any other person who is a present household member or was at any time a household member, **or**

2. **Who, regardless of age,** has been subjected to domestic violence by a person:
 - a. With whom the victim has a child in common, or
 - b. With whom the victim anticipates having a child in common, if one of the parties is pregnant, or
 - c. Has been subjected to domestic violence by a person with whom the victim has or has had a dating relationship.

B. You may file to amend your existing VASPA TPO for the following reason:

- Add additional locations you would like the defendant to be barred from.
- Add or remove protected parties: or
- Other relief.

This packet contains instructions and forms for the following:

1. How to File a *New Jersey Victim's Assistance and Survivor Protection Act (VASPA) Verified Complaint* (page 8)
2. How to File a *New Jersey Victim's Assistance and Survivor Protection Act (VASPA) Amended Verified Complaint* (page 8)
3. How to request to amend an existing *VASPA Temporary Protective Order (TPO)* (page 18)

Note: If you are a victim of domestic violence and want to file for a domestic violence restraining order and it is after normal court hours, please contact your local law enforcement agency.

If you are filing on behalf of a minor child and the person you are filing against is a parent or guardian of the minor child, you cannot file under the Victim's Assistance and Survivor Protection Act. You must call the Division of Permanency and Protection at: 1-877 NJ ABUSE (1-877-652-2873); TTY/TDD 1-800-835-5510

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and forms will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the forms will be available at the county courthouse or on the Judiciary's Internet site njcourts.gov. However, you are ultimately responsible for the content of your court papers.

Completed forms are to be submitted to your local Family Division.

A list of Family Division Offices can be found on njcourts.gov

Things to Think About Before You Represent Yourself in Court

Try to Get a Lawyer

The law, the proofs necessary to present your case, and the procedural rules governing cases in the Family Division are complex. It is recommended that you make every effort to obtain the assistance of a lawyer. If you cannot afford a lawyer, you may contact the legal services program in your county to see if you qualify for free legal services. Their telephone number can be found online under “Legal Aid” or “[Legal Services](#).”

If you do not qualify for free legal services and need help in locating an attorney, you can contact the bar association in your county. The telephone number can also be found in your local yellow pages. Most county bar associations have a [Lawyer Referral Service](#).

The County Bar Lawyer Referral Service can supply you with the names of attorneys in your area willing to handle your case and will sometimes consult with you at a reduced fee.

There are a variety of organizations of minority lawyers throughout New Jersey, as well as organizations of lawyers who handle specialized types of cases. Ask the Family court staff in your county for a list of lawyer referral services that include these organizations.

What You Should Expect If You Represent Yourself

While you have the right to represent yourself in court, you should not expect special treatment, help or attention from the court. The following is a list of some things court staff can and cannot do for you. Please read it carefully before asking court staff for help.

- We *can* explain and answer questions about how the court works.
- We *can* tell you what the requirements are to have your case considered by the court.
- We *can* give you some information from your case file.
- We *can* provide you with samples of court forms that are available.
- We *can* provide you with guidance on how to fill out forms.
- We *can* usually answer questions about court deadlines.
- We *cannot* give you legal advice. Only your lawyer can give you legal advice.
- We *cannot* tell you whether you should bring your case to court.
- We *cannot* give you an opinion about what will happen if you bring your case to court.
- We *cannot* recommend a lawyer, but we can provide you with the telephone number of a local lawyer referral service.
- We *cannot* talk to the judge for you about what will happen in your case.
- We *cannot* let you talk to the judge outside of court.
- We *cannot* change an order issued by a judge.

Keep Copies of All Papers

Make and keep copies for yourself, any signed orders and any other important papers that relate to your case.

Definitions of Court Terms Used in VASPA Cases

Amended Complaint: An *amended complaint* is when you want to add additional details to your original complaint for the court to consider at the hearing.

Application: An *application* is a written request in which you ask the court to issue an order or to change an order that has already been issued.

Attempt: A specific effort to commit a crime and an act that takes a step toward completing the crime.

Certification - A *certification* is a written statement made to the court when you file papers with the court, swearing that the information contained in the filed papers is true subject to penalty if any statement is willfully false.

Complaint - A *complaint* is a formal document filed in court that starts a case. It typically includes the names of the parties and the issues you are asking the court to decide.

Court Order - A *court order* is the written decision issued by a court of law. For example, a child support court order sets forth how often, how much, and what kind of support is to be paid.

Cyber-Harassment – Means conduct that occurs, while making one or more communications in an online capacity via any electronic device or through social networking site and with the purpose to harass another, that involves: threatening to inflict injury or physical harm to any person or the property of any person; knowingly sending, posting, commenting, requesting, suggesting, or proposing any lewd, indecent, or obscene material to or about a person with the intent to emotionally harm a reasonable person or place a reasonable person in fear of physical or emotional harm; or threatening to commit any crime against a person or a person's property.

Defendant - the party sued in a civil lawsuit, or the party charged with a crime in a criminal prosecution. In some types of cases (such as divorce) a defendant may be called a respondent.

Docket Number - The *docket number* is the identifying number assigned to every case filed in the court.

File - To *file* means to give the appropriate forms to the court to begin the court's consideration of your request.

FV: The letters the court uses to identify a VASPA Protective order.

Intimate Parts - Means the following body parts: sexual organs, genital area, anal area, inner thigh, groin, buttock, or breast of a person.

Lewdness - Means the exposing of the genitals for the purpose of arousing or gratifying the sexual of the actor.

Modification: A change made to court order.

Party - A *party* is a person, business, or governmental agency involved in a court action.

Plaintiff - *Plaintiff* is another name for the person starting the court action by filing the appropriate papers the court will consider.

Relief: To ask for *relief* is to ask the court to grant something such as custody, parenting time, or support.

Repeatedly: Two or more occasions

Sexual Contact - Means an intentional touching by the victim or actor, either directly or through clothing, of the victim's or actor's intimate parts for the purpose of degrading or humiliating the victim or sexually arousing or sexually gratifying the actor.

Sexual Penetration - Means vaginal intercourse, cunnilingus, fellatio, or anal intercourse between persons or insertion of the hand, finger, or object into the anus or vagina either by the actor or upon the actor's instruction.

Stalking – Means purposefully or knowingly engaging in a course of conduct directed at or toward a person that would cause a reasonable person to fear for their safety or the safety of a third person, or suffer other emotional distress, because the conduct involves: repeatedly maintaining a visual or physical proximity to a person; directly, indirectly, or through third parties, by any action, method, device or means, following, monitoring, observing, surveilling, threatening, or communicating to or about, a person, or interfering with a person's property; repeatedly committing harassment against a person; or repeatedly conveying, or causing to be conveyed, verbal or written threats implied by conduct or a combination thereof directed at or towards a person.

The numbered steps listed below tell you what forms you will need to fill out and what to do with them. Each form should be typed or printed clearly on 8 ½ x 11 white paper only. Forms cannot be filed on a different size or color paper. Use only the forms included in this packet. **Be sure to keep a copy for your records.**

Steps for Filing a Verified Complaint or Amended Complaint

STEP 1: Fill out the *Confidential Information Sheet* (Form A)

The Confidential Information sheet provides your, the defendant's and/or the incapacitated adult/minor child's demographic information. This information will be kept confidential and will not be shared with the defendant.

STEP 2: Fill out the *Verified Complaint or Amended Complaint* (Form B)

The *Verified Complaint* is a written request in which you ask the court to establish a court order on your behalf or on a minor child's behalf. The court will establish an order based on testimony of the parties and written documentation submitted. Please check the appropriate box. If you are filing for the first time, check the Verified Complaint box. If you are amending your complaint, check the Amended Verified Complaint box.

STEP 3: Fill out the *Additional Information Sheet* if needed (Form C)

This form is provided if you need additional space to type the details of the incident for which you are filing for a protective order.

STEP 4: Provide the court with the most recent address of the other party.

If the court grants a temporary order of protection, the court will send the order to police department where the defendant resides, works or frequents to serve the defendant with the order and court date. Your appearance on the court date is **mandatory**.

Note: The other party will receive copies of all the papers you attach (except for the *Confidential Information Sheet*) to your complaint with the *Notice to Appear*, unless court rules prohibit this information from being shared.

You must provide the court with the most current address(es) (that you know of) for the other party when you file your complaint.

STEP 5: Check your completed forms and make copies.

Check your forms and make sure they are complete. Remove all instruction sheets. Make sure you have signed all the forms wherever necessary.

STEP 6: Submit your completed paperwork.

Submit your completed packet through the [Judiciary Electronic Document System \(JEDS\)](#). In JEDS please select the county where you would like to file your application. You may file your complaint in the county where the conduct or attempted conduct occurred, where the defendant resides, or where you reside or are sheltered.

You may also submit your completed application ***in person*** to the courthouse where the conduct or attempted conduct occurred, where the defendant resides, or where you reside or are sheltered.

STEP 7: Hearing

A hearing on your request for a VASPA order will be held either the same day as your submitted application or as soon after as practicable. You *must* be available for this hearing.

If you submit the application through JEDS during the **normal court business hours**, the Family Division staff will contact you at telephone number or email address that you provided in your application to inform you of the time of the hearing. This hearing will take place the same day of your submitted application unless the application is submitted **after 4pm**. If the application is submitted after 4pm or on a weekend or a holiday, the court staff will contact you on the **next business day** to inform you of the time of the hearing. If you do not hear from the court by the next business day, call the Family Division in the county in which you filed your application.

The hearing may be in person, by video or by telephone. If you are unavailable when court staff try to contact you to set the hearing time, your application may be dismissed.

If you submit your application in person, the hearing will be held that same day. Court staff will inform you of the time of the hearing upon submission of your application.

Note: These applications will only be processed in the Family Division of the Superior Court during normal business hours.

These applications may only be taken at the Superior Court and are not to be accepted at Municipal Courts and/or police departments.

All courthouse addresses can be found on njcourts.gov.

Instructions for Completing the VASPA Confidential Information Sheet (Form A)

1. Part I of the VASPA Intake form (left side) is for the Plaintiff/Victim information. If you are the victim, enter your own information. If you are a **parent** or **guardian** enter the **minor child's** or **incapacitated adult's** information.
2. Part II of the form (right side) is for the Defendant's information. Please fill this side out with as much information that you have available. This will assist in serving the defendant with the Temporary Order if it is granted by the court.
3. Part III of the form should **only** be filled out if you are a parent/guardian filing on behalf of a minor child or incapacitated adult. Please complete the following fields on the second portion of the form under Parent/Guardian section.
4. Part IV of the form should be filled out if the Plaintiff has an attorney.
5. Part V of the form should be filled out with any identifiers you know about the defendant. This will assist in serving the defendant with the Temporary Order if it is granted by the court.
6. Part VI of the form should be filled out if either party requires an interpreter. Please specify type of interpreter. **Note:** The *Confidential Information Sheet* (Form A) will be kept confidential and will not be given to the other party/defendant.

Form A



New Jersey Judiciary
Victim's Assistance and Survivor Protection Act (VASPA)
Confidential Information Sheet

Do Not Give to Defendant

Date: _____

Part I. Your Information (Party Filing - Plaintiff)		Part II. Information of Person you're filing against (Defendant)	
Name		Name	
Any Prior Names or Also Known As (AKAs)		Any Prior Names or Also Known As (AKAs)	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Home Phone	Cell Phone	Home Phone	Cell Phone
Email		Email	
Social Security Number		Social Security Number	
Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Race		Race	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Confidential Victim Information Sheet
Do Not Give to Defendant

Employment Information (Plaintiff)		Employment Information (Defendant)	
Employer Name		Employer Name	
Employer Address: Street		Employer Address: Street	
City		City	
State	Zip Code	State	Zip Code
Work Phone		Work Phone	
Email		Email	
Work Days	Work Hours	Work Days	Work Hours
Emergency Contact: Name		Other Place(s) Defendant May Be Reached	
Emergency Contact: Phone			
Part III. Filing on Behalf of a Minor or Incapacitated Adult			
<p>I, _____ am the <input type="checkbox"/> parent / <input type="checkbox"/> guardian. I am filing on behalf of the plaintiff because the plaintiff is:</p> <p><input type="checkbox"/> A minor</p> <p><input type="checkbox"/> Incapacitated adult</p>			
Parent/Guardian Name			
Prior Name		Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Parent/Guardian Address: Street			

Confidential Victim Information Sheet
Do Not Give to Defendant

City		State	Zip Code
Home Phone	Work Phone	Email	
Race		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Part IV. Plaintiff's Attorney Information			
Attorney Name			
Attorney Address: Street			
City		State	Zip Code
Office Phone		Email	
Part VI.			
The Judiciary will provide reasonable accommodations to enable individuals with disabilities to access and participate in court events. Please contact the local ADA coordinator to request an accommodation. Contact information is available at njcourts.gov.			
The New Jersey Judiciary provides court-interpreting services. If you need an interpreter, notify the court as soon as possible. <input type="checkbox"/> spoken language interpreter required language: _____			

You will be asked about the incident which brought you here today. Please be prepared to discuss the incident, plus any prior history, if applicable.

Instructions for Completing a Verified Complaint/Amended Complaint (Form B)

1. Leave the Docket Number blank. The court will provide this number for you.
2. On the right side of the form, enter the County where you are filing the application.
3. Please indicate if you are filing a Verified Complaint for a Victim's Assistance and Survivor Protective order for the first time or if you are amending an existing complaint.
4. Enter your name or the incapacitated adult or the minor's name, if you are filing a complaint on the behalf of an incapacitated adult or a minor child, in the space marked "Plaintiff".
5. If you are filing on behalf of a minor child or an incapacitated adult, enter your name in the space marked "Parent/Guardian".
6. If you are filing on behalf of a minor child or an incapacitated adult, please enter their date of birth in the space provided.
7. If you are represented by an attorney enter that information in the space provided.
8. In the Defendant's Information section, please complete with as much information as you can provide.
9. In the Current Allegation section:
 - a. Start by entering the date(s) and time(s) the defendant committed the act(s). Enter the details of the act(s) the defendant committed in the space provided. You can continue to use as many lines as necessary to state the exact details of the act(s) the defendant committed against you, minor child, or incapacitated adult. If you need more space for your allegation(s) there is an **Additional Information Sheet (Form C)** in this packet.
 - b. Check off the act or acts the defendant committed or attempted to commit: "*Sexual Contact, Sexual Penetration, Lewdness, Stalking, Cyber-Harassment*". See definitions of each act in the definitions section of this packet (on page 15).
 - c. Answer "Yes" or "No" regarding if a criminal complaint has been filed in this matter. If you select "Yes", enter the date, docket number and the county and state where the case is being heard in item c.2.
10. If you are filing to amend a complaint that was previously filed you will need to fill out **sections 1 and 3, Amending my Verified Complaint**. Under *subsection a* fill in the date your Verified Complaint was previously filed and under *subsection b* include the additional information about the act(s) the defendant committed or attempted to commit. If you need

more space for your allegation(s) there is an *Additional Information Sheet* (Form C) in this packet.

11. If you are the parent/guardian filing on behalf of a minor or incapacitated adult who is not present, fill out the section above the Certification with your name, the name of the person you are filing on behalf of and the reason the Plaintiff is not present.
12. In the Certification box, the signature of the party filing must be on the complaint. If you cannot scan a signed copy of this document, please type your name in the signature line.

Form BSuperior Court of New Jersey
Chancery Division - Family Part

____ County

Plaintiff,

Docket Number: **FV** - _____Plaintiff: Parent/Guardian,
vs.**Complaint for Victim's Assistance
and Survivor Protective Order**

Defendant.

- ☐ **Verified Complaint for
Victim's Assistance and
Survivor Protective Order**
- ☐ **Amended Verified Complaint
for Victim's Assistance and
Survivor Protective Order**

Plaintiff's Name _____

Is the Plaintiff a minor or an incapacitated adult?

☐ Yes ☐ No

If yes, Guardian's Name _____

Is the Plaintiff represented by an attorney?

☐ Yes ☐ No

If yes, Name: _____

Phone number: _____

Email: _____

If you are filing for a New Complaint, complete sections 1 and 2
If you are amending your Complaint, complete sections 1 and 3

Section 1: Defendant's Information

Name _____

Date of Birth _____

Sex

☐ M ☐ F ☐ X

Aliases _____

Social Security Number _____

Race _____

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Height _____

Weight _____

Eye Color _____

Hair Color _____

Distinguishing Features (Scars, facial hair, tattoos, etc.) Please be specific: _____

VASPA Complaint

Defendant Home Address: Street		
City	State	Zip Code
Other places the defendant can be located (gym, friend's house, restaurant/bar). Please specify times and addresses:		
Home Phone Number	Work Phone Number	Employer Phone Number
Cell Phone Number	Email Address	
Employer Name		
Employer Address: Street		
City	State	Zip Code
Section 2: Current Allegation(s)		
a. The undersigned complains that the defendant did commit or attempt to commit the following acts (be specific including the date and time the incident(s) occurred)		
b. The above constitutes the following criminal offenses were committed or attempted (Check all boxes that apply): <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Sexual Assault</div><div><input type="checkbox"/> Criminal Sexual Contact</div><div><input type="checkbox"/> Lewdness</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Stalking</div><div><input type="checkbox"/> Cyber-Harassment</div></div>		
c. Has a criminal complaint been filed in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No 1. If No, do you plan on filing a criminal complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. If Yes, case number: _____ charges: _____ 3. If Yes, was a Sex Offender Restraining Order (Nicole's Law) issued? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is the defendant in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

VASPA Complaint

d. How do you know the defendant? (Neighbor, co-worker, friend, acquaintance, etc.)
Please specify.

Section 3: Amending my Verified Complaint

a. On _____ date I filed a Verified Complaint.

b. I am filing this amended Verified Complaint to include the following act(s) that the defendant committed or attempted to commit (be specific including the date and time the incident(s) occurred).

I, _____, am the parent or legal guardian of incapacitated adult or a minor plaintiff, _____, and am filing this complaint on their behalf. The incapacitated adult or minor is not present for the following reason(s):

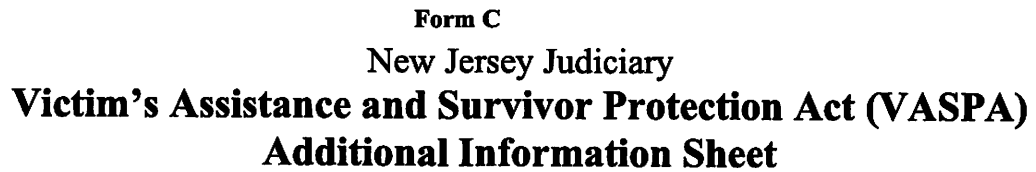
Certification

I certify that the foregoing responses made by me are true. I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.

Date

s/

Signature: ☐ Plaintiff / ☐ Parent/Guardian



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date _____ s/ _____
Signature: ☐ Plaintiff / ☐ Parent/Guardian

Instructions for Completing the Application to Amend VASPA TPO (Form D)

1. Fill out the *Confidential Information Sheet* (Form A) – this must be completed even if you have done so in the past. See instructions on page 8.
2. Enter the names of the parties in the correct order on the “Plaintiff” and “Defendant” lines. You are the “Plaintiff” and the person you filed the victim’s assistance and survivor protection complaint against is the “Defendant. If you are the parent/guardian filing on behalf of a minor or incapacitated adult, you will need to fill out both lines.
3. On the right side of the form, enter the “County” where you are filing the application.
4. Enter the Docket Number that has been issued in your case. You can find that number on your granted temporary VASPA order, it starts with FV.
5. In the first paragraph, select the appropriate box of plaintiff or parent/guardian, enter the date your temporary VASPA order was granted on the line between the words “protective order dated to include”.
6. For item #1, list the addresses and location names that you would like the defendant barred from. Please indicate the reason.
7. For item #2, if you are requesting to add protected parties to your order, please indicate their name(s), relationship to you, and reason why they should be included on your TPO.
8. For item #3, if you are requesting a relief that is not granted or listed on your TPO please indicate what you are requesting and the reason why it should be granted by the court.
9. In the Certification section, enter your name on the line for I _____, certify...
10. Sign and date the form.

Superior Court of New Jersey
Chancery Division - Family Part

_____ County

Docket Number: FV - _____

Plaintiff

Plaintiff: Parent/Guardian

vs.

Defendant.

**Application to Amend Victim's
Assistance and Temporary
Protective Order**

I am the ☐ Plaintiff / ☐ Parent/Guardian in the above matter, and I am requesting to amend my Victim's Assistance and Survivor Protective complaint and/or Temporary Protective Order dated _____ to include one or all the below:

1. I would like the defendant barred from the following locations (include address, name, and reason):

2. I would like to add the following person(s) to my Protective Order (include name, relationship, and reason):

3. I am requesting other relief (include reason):

Certification

I (name) _____ certify that the foregoing responses made by me are true. I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.

Date

s/

Signature: ☐ Plaintiff / ☐ Parent/Guardian



New Jersey Office of the Attorney General
Victims of Crime Compensation Office
50 Park Place • 5th Floor • Newark, NJ 07102



caring
support
dignity
help
respect

NEW JERSEY
VICTIMS OF CRIME
COMPENSATION OFFICE

effective 8.1.20

We help put the pieces back together



our mission

The New Jersey Victims of Crime Compensation Office (VCCO) reimburses certain victims of crime for some of the expenses they suffer as a result of a crime. The VCCO is mindful of the special needs of victims and their right to be treated with fairness, compassion and respect.

eligible crimes

This is a list of the types of crimes that may qualify. Certain conditions may apply. For more information, please contact the VCCO:

- Assault
- Arson
- Bias crime
- Burglary*
- Disorderly conduct offenses
- Domestic violence
- Human trafficking
- Indecent acts with children
- Kidnapping
- Lewd, indecent or obscene acts
- Manslaughter
- Motor vehicle offenses
- Murder
- Robbery
- Sexual assault
- Stalking
- Threats to do bodily harm

*Must be in structure during burglary.

apply online at...

conditions

- The crime must have occurred in New Jersey or to a New Jersey resident
- The victim must have reported the crime to police
- The victim should cooperate with the investigation and prosecution of the crime, if reasonable
- The claim must be filed within 5 years of the date of the crime in most cases

effective 8.1.20

www.njvictims.org

Toll Free 877-658-2221

If I qualify, what can the VCCO pay?

Expenses that may be eligible for reimbursement include:

- Hospital, physician and medical expenses
- Mental health counseling expenses up to \$20,000
- Loss of earnings up to \$600 per week
 - Temporary disability, not to exceed 24 months
 - Permanent disability, maximum 60 months
 - Loss of earning for dependants or family members
 - Bereavement, maximum two weeks
 - Loss of wages due to court attendance
- Loss of financial support up to \$600 per week, maximum 48 months
- Funeral expenses maximum \$7,500
- Attorney fees:
 - Victims' rights attorney fees up to \$275 per hour, maximum \$10,000
 - Representation with the VCCO claim up to 15% of award at \$275 per hour
- Relocation expenses up to \$3,000
- Crime scene clean up to \$4,000
- Child care/day care/domestic help services up to \$6,500

The VCCO is a payer of last resort

- Victims must first utilize and exhaust other resources including State benefits and insurance.

Frequently Asked Questions

What is Crime Victims' Compensation?

The Victims of Crime Compensation Office (VCCO) reimburses victims of a crime for some of the expenses they incur as a result of a crime.

Do all crime victims get paid?

Not always. The law sets forth the types of crimes that can be covered by the VCCO. Further, if victims participated in the crime or contributed to their injuries, they may be denied compensation.

Who is eligible to file?

- Victims may file their own applications.
- Family members, and dependents of victims or the estate of the victims
- A person who paid for some of the services for the victim
- The guardian, guardian ad litem, estate representative, authorized agent of the victim or the victim's dependents

Can the VCCO reimburse me directly for expenses?

Yes. Victims or claimants can be reimbursed for some expenses.

Can I still file a claim if the suspect has not been arrested or if the accused is acquitted at trial?

Yes. Compensation may be made whether or not a person is prosecuted or found guilty.

Can the VCCO pay providers directly?

Yes. Once a claim is approved, payment can be made directly to providers.

I have received additional bills that were not considered in my initial award. Can I still submit them?

Yes. Crime related bills can be considered for additional reimbursement after the initial payment award has been made.

How do I apply?

Complete the online VCCO claim form at www.njvictims.org. Include police reports and any documentation showing financial loss or need if possible. Once an application is received, a claims specialist will contact you.

Applications are also available from any of the 21 County Prosecutors' Offices through their Victim Witness Coordinators.

For more information or for a claim application, please contact us by phone, mail, fax, or visit our web site.

NJ Office of the Attorney General
Victims of Crime Compensation Office
50 Park Place, 5th Floor
Newark, NJ 07102

Hours: 8:00 a.m. to 5:00 p.m.

Walk-in Clients: Please visit our web site, or call our toll free number for details.

Toll Free: 877-658-2221

Phone: 973-648-2107

Fax: 973-648-3937

Web site: www.njvictims.org



NJ OFFICE OF THE ATTORNEY GENERAL
VICTIMS OF CRIME COMPENSATION OFFICE
www.njvictims.org • Toll Free 877-658-2221

We help put the pieces back together



cuidado
apoyo
dignidad
ayuda
respeto



NEW JERSEY

OFICINA DE COMPENSACIÓN
PARA VÍCTIMAS DEL CRIMEN

Los ayudamos a normalizar su vida



nuestra misión

La Oficina de Compensación para Víctimas del Crimen (Victims of Crime Compensation Office VCCO) de Nueva Jersey compensa a inocentes víctimas de crímenes violentos de algunos gastos incurridos como resultado del crimen. Llevando a cabo su misión la VCCO reconoce las necesidades especiales de las víctimas y el derecho de ser tratadas con justicia, compasión y respeto.

crímenes cubiertos

Si ha sido víctima de uno de los crímenes siguientes puede ser elegible para recibir compensación de la VCCO:

- Acoso
- Actos indecentes con niños
- Actos lascivos, indecentes u obscenos
- Amenazas de causar daño corporal
- Amenazas terroristas
- Asalto agravante
- Asalto sexual
- Asesinato
- Atraco
- Crimen de prejuicio
- Delitos relacionados con vehículos**
- Homicidio involuntario
- Incendio provocado
- Robo**
- Secuestro
- Tráfico humano
- Violencia doméstica

**Se aplican ciertas condiciones.

elegibilidad

- El crimen ocurrió en Nueva Jersey o un residente de Nueva Jersey fue victimizado fuera del estado.
- La víctima tiene que haber reportado el crimen a la policía en un plazo de 9 meses.*
- La víctima tiene que cooperar con la investigación y con el procesamiento del crimen.
- La solicitud tiene que presentarse en un plazo de 3 años dentro de la fecha del crimen.*
- Tiene que ser una víctima inocente del crimen.

*Se tomará en consideración el retraso de la petición si existe causa justificada.

aplique en línea en:

www.njvictims.org

Número de llamada gratuita

877-658-2221

Si califico, ¿qué pueden pagar?

Los gastos que se pueden pagar incluyen:

- Hospital, doctores y gastos médicos
- Asesoría de Salud Mental hasta \$12,500
- Pérdida de ingresos hasta de \$600 por semana.
 - Incapacidad temporal, que no exceda 24 meses
 - Incapacidad permanente, que no exceda 60 meses
 - Pérdida de ingresos de víctimas secundarias*
- Duelo, que no exceda las dos semanas*
- Comparecencia en la corte*
- Pérdida de apoyo financiero hasta de \$600 por semana, que no exceda 48 meses*
- Gastos de funeral hasta de \$5,000
- Honorarios de abogado
 - Honorarios de abogado de derechos de las víctimas hasta \$3,000, a \$125 por hora
 - Representación del reclamo ante VCCO de hasta el 15% de la compensación o \$125 por hora
- Gastos de reubicación hasta \$2,500
- Limpieza del lugar del crimen hasta \$4,000
- Servicios de ayuda doméstica, cuidado infantil, guardería infantil hasta \$6,500

* Se aplican ciertas condiciones.

VCCO es pagador de último recurso

- La víctima debe utilizar y agotar primero otros recursos incluso los beneficios del Estado y el seguro.

Preguntas frecuentes

¿Qué es la Oficina de Compensación para Víctimas del Crimen?

La Oficina de Compensación para Víctimas del Crimen (VCCO) compensa a las inocentes víctimas de un crimen violento de algunos gastos incurridos como resultado del crimen.

¿Se compensa a todas las víctimas del crimen?

No. La ley establece los tipos de crímenes que están cubiertos bajo VCCO. Más aún, si la víctima participó en el crimen o contribuyó a sus daños, se le puede negar la compensación.

¿Quién es elegible para solicitarla?

Por lo general la víctima siempre puede solicitar sus propios beneficios. En otros casos incluyendo aquellos envolviendo una muerte, las personas siguientes pueden solicitar los beneficios:

- Un miembro de la familia, un dependiente de la víctima o del patrimonio de ésta.
- Una persona que pagó por algunos de los servicios para la víctima
- El tutor, tutor legal, representante del patrimonio, agente autorizado de la víctima o dependientes de la víctima

¿Se me puede reembolsar por gastos de bolsillo?

En algunas situaciones, la víctima o solicitante puede ser reembolsado.

¿Puedo presentar un reclamo si el sospechoso no ha sido arrestado o si el acusado es absuelto en un juicio?

Sí. Se puede otorgar la compensación sin considerar si la persona es enjuiciada o es declarada culpable.

¿Puede la VCCO pagar directamente a los proveedores?

Sí. Una vez que se determine que el reclamo es elegible, se puede proveer pago directo.

He recibido facturas adicionales que no estaban consideradas en mi compensación inicial. ¿Puedo presentarlas?

Sí. Las facturas relacionadas con el crimen son elegibles para recibir compensación hasta diez años después de que se haya hecho el pago inicial de la adjudicación.

¿Cómo presento la solicitud?

Complete el formulario de reclamo de VCCO. Envíenoslo junto con el reporte de la policía y la documentación que muestre la pérdida o necesidad financiera. Una vez que se reciba esta información, se asignará un especialista de reclamos para que le ayude con este. Si se cumplen todos los requisitos de elegibilidad, se aprobará su reclamo.

Las solicitudes están disponibles en las 21 oficinas de Procurador del Condado a través de sus respectivos Coordinadores de Testigos de las víctimas.

Para obtener más información o una solicitud de reclamo, contáctenos por teléfono, correo, fax o visite nuestro sitio web.

NJ Office of the Attorney General
Victims of Crime Compensation Office
50 Park Place, 5th Floor
Newark, NJ 07102

Horario: de 8:00 a. m. a 5:00 p. m.

Horario de atención sin cita previa: Por favor visite nuestro Sitio web o contáctenos al Número de llamada gratuita.

Número de llamada gratuita: 877-658-2221

Teléfono: 973-648-2107

Fax: 973-648-3937

Sitio web: www.njvictims.org



OFICINA DEL FISCAL GENERAL DE NJ

OFICINA DE COMPENSACIÓN A VÍCTIMAS DEL CRIMEN

www.njvictims.org • Gratis 877-658-2221

revisado.8.30.16

Los ayudamos a normalizar su vida



Jersey City Medical Center

Trauma Recovery Center

The Jersey City Medical Center Trauma Recovery Center facilitates and removes barriers for survivors of violence and trauma to heal, using a clinically-proven model of comprehensive care, advocacy, and outreach.

Are you a survivor of a violent crime?

JCMC's Trauma Recovery Center serves survivors of a range of violent crimes, including:

- sexual assault
- domestic violence and battery
- LGBTQ+ intimate partner violence
- crimes of violence (shootings, gang violence, and other forms of community violence)
- racial violence
- vehicular assault
- human trafficking

We also serve family members of survivors of violence.

How can JCMC Trauma Recovery Center serve survivors of violence and trauma?

JCMC's Trauma Recovery Center utilizes trauma-informed, evidence-based practices in providing comprehensive mental health and support services.

- on-call crisis intervention
- individual and group counseling
- clinical case management and assistance in linking to community resources

Who is eligible to receive assistance?

- Hudson County Resident
- Ages 5 and up
- Survivor of a violent crime that occurred within the last five year
- Must not have any other mental health services at the time of enrollment.

All services are confidential and provided free of charge, and are available remotely or in the home, office or community. For more information or to schedule a phone or virtual screening to determine eligibility, please contact:

Jenise Lum - Interim Program Coordinator

Phone: 201-395-7640

Jenise.Lum@rwjbh.org

**Jersey City
Medical Center**

**RWJBarnabas
HEALTH**

Let's be healthy together

What is Sexual Assault?

- Any sexual contact that is unwanted or forced, without consent. This includes: touching someone in intimate areas on top of or underneath clothes, or being forced to touch someone in intimate areas.
- Unwanted vaginal, oral, or anal penetration by any object, no matter how slight.
- Consensual sex with a victim who is mentally disabled or under the age of 16.
- Sex with a victim who is incapacitated (drunk, drugged, or under the influence of a substance).

If you are Sexually Assaulted

- Call our 24-hour Helpline. A confidential sexual violence advocate will listen without blaming you, offer information and options and support your choices. At your request, the advocate will accompany you during all medical and legal processes.
- Seek medical attention for possible injuries, and to prevent sexually transmitted diseases and pregnancy.
- If you are considering pressing criminal charges, medical staff will utilize a "rape kit" to collect forensic evidence. If possible, DO NOT shower, bathe, douche, eat, drink, urinate, or change clothing, as crime evidence may be destroyed. If you have done any of the above forensic evidence can still be collected.
- Consider notifying the police.
- Consider getting counseling right away. Research indicates that rape victims who receive therapy right after their assault are less likely to develop symptoms of post-traumatic stress disorder (PTSD).

24-Hour Helpline:
201.795.5757

Hudson S.P.E.A.K.S Against Sexual Violence

179 Palisade Avenue
Jersey City, NJ 07306

Main Office:
201-795-8375 Ext. 4703

Prevention Education & Outreach:
201-795-8375 Ext. 5292

Crisis Response & Advocacy:
201-795-8375 Ext. 5269

**Sunshine Project
& Case Management:**
201-217-4723

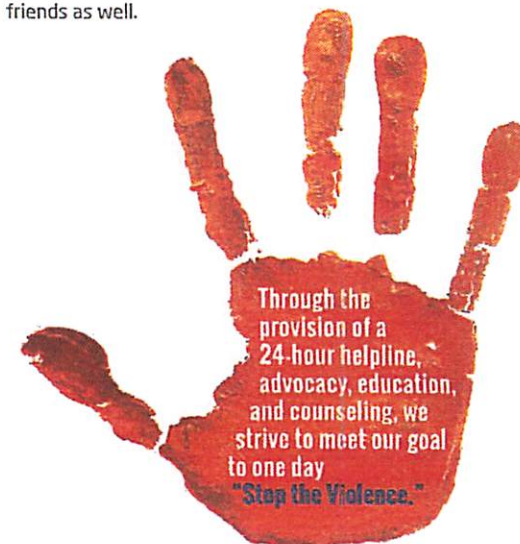
Bolo Behen Initiative:
201-795-8375 Ext. 5866

www.hudsonspeaks.org



Hudson S.P.E.A.K.S.

Hudson S.P.E.A.K.S Against Sexual Violence is a county-wide non-profit sexual assault program which provides victim-centric services for individuals of all gender ages 13 and up. Services are provided without regards to race or socioeconomic status to victims of sexual abuse, assault, and/or harassment. These services are extended to family members, marital/dating partners, and friends as well.



Services at a Glance

Hudson S.P.E.A.K.S Against Sexual Violence provides free and confidential services such as:

- 24-hour sexual assault bilingual helpline: **201.795.5757**
- 24-hour accompaniments to hospitals, courts, and law enforcement agencies
- Individual and group counseling for survivors and their significant others
- Community education on issues pertaining to sexual assault, such as awareness and prevention
- Recruitment and training of confidential sexual violence advocates who work with survivors and their families



OUR SERVICES AT A GLANCE

Hudson S.P.E.A.K.S Against Sexual Violence provides free and confidential services such as:

- 24-hour sexual assault bilingual Helpline 201.795.5757
- 24-hour accompaniments to hospitals, courts, and law enforcement agencies
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DIRECT SERVICES

24-Hour Bilingual Helpline

We operate the countywide 24-hour bilingual sexual assault Helpline which is staffed 24/7 by trained confidential sexual violence advocates. The advocates assist in crisis intervention, information and referrals, and to support anyone who has questions or is looking for information related to sexual violence.

Case Management and Advocacy

We advocate for individuals who have experienced sexual violence and help them access services such as housing, provides referrals, accompaniments to police precincts, court, medical appointments, interviews with Special Victim Unit and other emergency assistance.

Individual Counseling and Support Group

Harmful and lasting psychological impacts of sexual violence can be prevented or minimized with structured interventions and support post sexual violence. We have trained counselors who can help process trauma and start the healing journey. *Voices of Strength* is a free and confidential support group for individuals who have experienced sexual assault.

Bolo Behen (Speak Sister): South Asian/Indo Caribbean Initiative

Project Bolo Behen was conceptualized in January of 2010 urging women in Hudson County to break the silence and actively engage in a dialogue about issues like domestic and sexual violence. The project's mission is to create a safe space with a full range of culturally-sensitive, language-specific information, support, services and advocacy for South Asia/Indo-Caribbean women living in Hudson County who are experiencing domestic and sexual violence.

EDUCATION AND TRAINING

Prevention and Education

Youth are one of the high risk groups for both perpetration and victimization, so reaching them is vital. We use a comprehensive approach to preventing and ultimately, end sexual violence in our community through the provision of interpersonal violence prevention curriculum for youth and their parents. The project uses research-based prevention strategies to increase knowledge of interpersonal violence; increase participant's skills to connect bystander intervention, power structures and media literacy to interpersonal violence.

Outreach

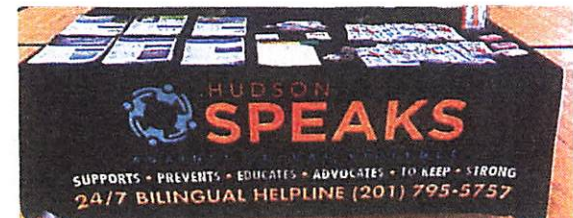
Outreach services include general awareness presentations and participating in events throughout the community to ensure people are aware of sexual assault and available resources. We welcome invitations to Community Health Fairs, Resource Fairs, Volunteer Expos and any event where we can set up a table and inform the community about the services we offer.

VOLUNTEER WITH US

Confidential sexual violence advocates have a pivotal role in Hudson S.P.E.A.K.S Against Sexual Violence. All volunteers / advocates are required to attend our annual 40-hour training.

Requirements to be a Confidential Sexual Violence Advocate:

- Advocate must be 18 years old or older
- Complete 40 hour training
- Access to dependable transportation
- Ability to deal with confidential information
- Pass criminal background check



¿Qué es la Agresión Sexual?

- Cualquier contacto sexual no deseado o forzado, sin consentimiento. Esto incluye tocar a alguien en áreas íntimas aun cuando tenga ropa interior o ser obligado a tocar a alguien en áreas íntimas.
- Penetración vaginal, oral o anal no deseada mediante cualquier objeto, sin importar el grado de penetración.
- Sexo con consentimiento con una víctima que tenga una discapacidad mental o sea menor de 16 años.
- Sexo con una víctima que se encuentra incapacitada (ebria, drogada o bajo los efectos de una sustancia).

Si Sufre Agresión Sexual

- Llame a nuestra Línea de ayuda las 24 horas del día. Un defensor confidencial contra la violencia sexual lo escuchará sin culparlo, le ofrecerá información y opciones, y apoyará sus decisiones. Si lo solicita, el defensor lo acompañará durante todos los procesos médicos y legales.
- Busque atención médica para tratar posibles lesiones, y para prevenir enfermedades de transmisión sexual y embarazo.
- Si considera presentar cargos penales, el equipo médico utilizará un "kit de violación" para recoger pruebas forenses. Si es posible, NO se duche, bañe, lave ni coma, beba, orine o se cambie la ropa, ya que podría arruinar las pruebas del delito. Si usted realizó alguna de las actividades que se mencionaron antes, aún se pueden recoger pruebas forenses.
- Considere dar aviso a la policía.
- Considere recibir asesoramiento de inmediato. Las investigaciones indican que las víctimas de violación que reciben terapia justo después de la agresión tienen menos probabilidades de desarrollar síntomas de trastorno por estrés posttraumático (Post-Traumatic Stress Disorder, PTSD).

**Línea de ayuda las
24 horas del día:
201.795.5757**

Hudson S.P.E.A.K.S (Habla) Contra la Violencia Sexual

179 Palisade Avenue
Jersey City, NJ 07306

Main Office:
201-795-8375 Ext. 4703

Prevention Education & Outreach:
201-795-8375 Ext. 5292

Crisis Response & Advocacy:
201-795-8375 Ext. 5269

**Sunshine Project
& Case Management:**
201-217-4723

www.hudsonspeaks.org



Hudson S.P.E.A.K.S (Habla) Contra la Violencia sexual es un programa contra la agresión sexual sin fines de lucro que abarca todo el condado y brinda servicios orientados a las víctimas para personas mayores de 13 años, de todos los géneros. Los servicios se brindan a las víctimas de abuso, agresión o acoso sexual independientemente de la raza o el nivel socioeconómico. Estos servicios se extienden a otros integrantes de la familia, el cónyuge o la pareja y también a amigos. A través de una Línea de ayuda las 24 horas del día, defensa, educación y asesoramiento, luchamos para alcanzar nuestro objetivo de un día "detener la violencia".

UN RESUMEN DE NUESTROS SERVICIOS

Violencia Sexual Brinda Los Siguietes Servicios Gratuitos y Confidenciales:

- Línea de ayuda bilingüe contra la agresión sexual las 24 horas del día: **201.795.5757**
- Acompañamientos a hospitales, tribunales y organismos de orden público las 24 horas del día
- Asesoramiento individual y grupal para los sobrevivientes y sus seres querido
- Educación orientada a la comunidad sobre temas relacionados con la agresión sexual, como concientización y prevención
- Contratación y capacitación de defensores confidenciales contra la violencia sexual que trabajen con los sobrevivientes y sus familias

SERVICIOS DIRECTOS

Línea de Ayuda Bilingüe las 24 Horas Del Día

Nuestra Línea de ayuda bilingüe contra la agresión sexual funciona las 24 horas del día en todo el condado. Cuenta con defensores confidenciales contra la violencia sexual capacitados que se encuentran disponibles las 24 horas del día los 7 días de la semana. Los defensores asisten en la intervención de crisis, brindan información y referencias, y apoyan a cualquier persona que tenga preguntas o busque información relacionada con la violencia sexual.

Manejo de Casos y Defensoría

Defendemos a personas que han sufrido violencia sexual y las ayudamos a acceder a servicios, tales como vivienda, además, brindamos referencias, acompañamientos a las delegaciones policiales, a los tribunales, a las consultas médicas, a las entrevistas con la Unidad de Víctimas Especiales y a otras asistencias de emergencia.

Asesoramiento Individual y Grupo de Apoyo

Los efectos psicológicos perjudiciales y duraderos provocados por la violencia sexual pueden evitarse o minimizarse mediante intervenciones estructuradas y apoyo luego del hecho de violencia sexual. Hemos capacitado a asesores que pueden colaborar a la hora de procesar el trauma y comenzar con el camino de sanación. Voces Sin fronteras es una iniciativa que incluye consejería y grupos de apoyo gratuito y confidencial para personas que hayan sufrido agresión sexual. Las personas aprenden diversas aptitudes para lidiar con la situación y se proyectan a partir de la comprensión de la agresión sexual.

EDUCACIÓN Y CAPACITACIÓN

Prevención y Educación

Los jóvenes son uno de los grupos de alto riesgo tanto de la perpetración como de la victimización, de manera que llegar a ellos es fundamental. Empleamos un enfoque integral para prevenir y, finalmente, terminar con la violencia sexual en nuestra comunidad mediante un programa de estudios sobre la prevención de la violencia interpersonal para los jóvenes y sus padres. El proyecto utiliza estrategias de prevención basadas en la investigación para ampliar el conocimiento sobre la violencia interpersonal, aumentar las aptitudes del participante para conectar la intervención de testigos, las estructuras de poder y la alfabetización de los medios con la violencia interpersonal.

Difusión

Los servicios de difusión incluyen presentaciones generales de concientización y participación en eventos dentro de la comunidad para garantizar que las personas sean conscientes de la agresión sexual y los recursos disponibles. Agradecemos invitaciones a ferias comunitarias de salud, ferias de recursos, exposiciones voluntarias y cualquier otro evento donde podamos sentarnos e informar a la comunidad acerca de los servicios que ofrecemos.

SEA VOLUNTARIO JUNTO CON NOSOTROS

Los defensores confidenciales contra la violencia sexual cumplen una función esencial dentro de Hudson S.P.E.A.K.S (habla) contra la violencia sexual. Todos los defensores o voluntarios deben asistir a nuestra capacitación anual de 40 horas.

Requisitos para ser un defensor confidencial contra la violencia sexual:

- Los defensores deben tener 18 años o más.
- Deben completar la capacitación de 40 horas.
- Deben tener acceso a un medio de transporte confiable.
- Deben tener la capacidad para tratar información confidencial.
- Deben aprobar un control de antecedentes penales.



NJ Children's System of Care

Contracted System Administrator — PerformCare®

Ayudamos a las familias de todo New Jersey

Desde 2009, PerformCare ha estado ayudando a las familias y los jóvenes de New Jersey a acceder a servicios financiados con fondos públicos para jóvenes de hasta 21 años a través del Sistema de Cuidado de Niños (CSOC) en todo el estado de New Jersey. Se ofrece ayuda para niños, adolescentes y adultos jóvenes que buscan servicios para la salud del comportamiento, discapacidad intelectual/del desarrollo o tratamiento del consumo de sustancias tóxicas.

Disponible las 24 horas del día, los siete días de la semana en el 1-877-652-7624

En ocasiones puede resultar difícil saber cuándo es necesario buscar ayuda adicional. Las familias deben llamar si observan que el comportamiento de sus hijos ha cambiado o si están abrumados por los retos en el hogar o en la comunidad. Algunos motivos comunes para llamar a PerformCare incluyen:

- Depresión o ansiedad.
- Hacer o sufrir *bullying* (intimidación).
- Agresión física o verbal.
- Discapacidades intelectuales/del desarrollo.
- Consumo de sustancias tóxicas.
- Incapacidad para prestar atención o hiperactividad.
- Comportamiento de oposición o desafiante.
- Duelo por un trauma importante.
- Inquietudes de los maestros.

Las familias también pueden visitar el sitio de Internet de PerformCare en www.performcarenj.org.

Atención centrada en el niño en el lugar correcto

Independientemente del reto, CSOC puede ayudar a encaminar a su hijo hacia una mejor calidad de vida. En base a la situación y la elegibilidad de su hijo, los servicios de CSOC incluyen:

- Evaluaciones para determinar las necesidades de su hijo.
- Derivaciones a servicios de asesoramiento.
- Respuesta móvil para estabilizar situaciones de crisis.
- Apoyo familiar para la educación y la promoción.
- Administración de cuidados para necesidades intensas y complejas.
- Apoyo del comportamiento para actividades de la vida diaria.
- Servicios de apoyo a la familia para el cuidado de enfermos.
- Tratamiento del consumo de sustancias tóxicas.

PerformCare está disponible las 24 horas del día, los 7 días de la semana, los 365 días del año. Comuníquese sin costo (padres, tutores y jóvenes) al:

1-877-652-7624 (TTY 1-866-896-6975)
www.performcarenj.org



Los asociados de PerformCare están disponibles los 365 días del año para conectar a los niños que reúnen los requisitos con la atención personalizada.



PerformCARE®

www.performcarenj.org

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La discriminación está en contra de la ley

PerformCare cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. PerformCare no excluye a las personas ni las trata de modo diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

PerformCare reduce las barreras del idioma para acceder a los servicios a través del Sistema de Cuidado de Niños de New Jersey al:

- Proporcionar a las personas con discapacidades, para que puedan comunicarse con nosotros eficazmente, asistencia y servicios gratuitos, tales como:
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
 - Dispositivos de telecomunicaciones tales como Dispositivo para sordos (TDD) y Sistemas de teléfono de texto (TTY) para permitir a las personas sordas, con problemas de audición o impedimentos del habla a usar el teléfono para comunicarse.
- Proporcionar servicios de idioma sin cargo a personas cuyo idioma principal no es el inglés, por ejemplo:
 - Servicios de intérpretes calificados.
 - Información escrita en otros idiomas.

Si necesita de estos servicios, póngase en contacto con PerformCare al 1-877-652-7624 o [TTY (para personas con impedimentos auditivos) al 1-866-896-6975]. Estamos disponibles las 24 horas del día, los 7 días de la semana.

Si cree que PerformCare no ha provisto estos servicios o ha discriminado de otra manera en función de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja por correo postal o por teléfono, llamando al departamento de Calidad de PerformCare al 1-877-652-7624 o por escrito a:

PerformCare
Attn: Quality Department
300 Horizon Center Drive, Suite 306, Robbinsville, NJ 08691

Si necesita ayuda para presentar una queja, el departamento de Calidad de PerformCare está disponible para ayudarle.

También puede presentar una queja relativa a los derechos civiles ante el Departamento de Salud y Servicios Humanos de los EE.UU., Oficina de Derechos Civiles, de manera electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de quejas están disponibles en
<http://www.hhs.gov/ocr/office/file/index.html>.

Servicios de intérpretes multilingües

Attention: If you do not speak English, language assistance services are available to you at no cost. Call 1-877-652-7624 (TTY: 1-866-896-6975).

Spanish: Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-652-7624 (TTY: 1-866-896-6975).

Portuguese: Atenção: Se fala português, encontra-se disponível serviço gratuito de intérprete pelo telefone 1-877-652-7624 (TTY: 1-866-896-6975).

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-877-652-7624) (TTY: 1-866-896-6975).

Haitian Creole: Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-652-7624 (TTY: 1-866-896-6975).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: 1-877-652-7624 (TTY: 1-866-896-6975)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-652-7624 (TTY: 1-866-896-6975) 번으로 전화해 주십시오.

Bengali: নম্রা কল্পন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৬৫২-৭৬২৪ (TTY: 1-866-896-6975)।

French: Attention : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-652-7624 (TTY: 1-866-896-6975).

Vietnamese: Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-652-7624 (TTY: 1-866-896-6975).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-652-7624 (TTY: 1-866-896-6975) पर कॉल करें।

Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-877-652-7624 (TTY: 1-866-896-6975)。

Polish: Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-652-7624 (TTY: 1-866-896-6975).

Urdu:

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-652-7624 (TTY: 1-866-896-6975)۔

Turkish: Dikkat: Türkçe konuşuyorsanız dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-652-7624 (TTY: 1-866-896-6975) numaralı telefonu arayın.

Russian: Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-652-7624 (TTY: 1-866-896-6975).

NJ Children's System of Care

Contracted System Administrator — PerformCare®

Helping families across New Jersey

Since 2009, PerformCare has been helping New Jersey's families and young people access publicly funded services for youth up to age 21 through the statewide New Jersey Children's System of Care (CSOC). Help is available for children, adolescents, and young adults seeking behavioral health, intellectual/developmental disability, or substance use treatment services.

Available 24 hours a day, seven days a week — 1-877-652-7624

Sometimes it can be hard to know when you should reach out for extra help. Families should call if their child's behavior has changed or if they are overwhelmed by challenges at home or in the community. Some common reasons to call PerformCare include:

- Depression and/or anxiety.
- Bullying or being bullied.
- Physical or verbal aggression.
- Intellectual/developmental disabilities.
- Substance use.
- Inattention or hyperactivity.
- Oppositional or defiant behavior.
- Grief from major trauma.
- Concerns from teachers.

Families can also visit PerformCare's website at www.performcarenj.org.

Child-centered care in the right place

No matter the challenge, CSOC can help put your child on the path to a better quality of life. Depending on your child's situation and eligibility, CSOC services include:

- Assessments to determine your child's needs.
- Referral to counseling services.
- Mobile response to stabilize crisis situations.
- Family support for education and advocacy.
- Care management for intense and complex needs.
- Behavioral supports for activities of daily living.
- Respite services for families.
- Substance use treatment.

PerformCare is available 24 hours a day, seven days a week, 365 days a year. Contact us toll free (parents, guardians, and youth) at:

1-877-652-7624 (TTY 1-866-896-6975)
www.performcarenj.org



**PerformCare associates
are available 365 days
a year to connect
eligible children to
individualized care.**



PerformCARE®

www.performcarenj.org

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Any individual depicted is a model.

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Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare reduces language barriers to accessing services through the New Jersey Children's System of Care by:

- Providing free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
 - Telecommunication devices such as Device for the Deaf (TDD) and Text Telephone (TTY) systems to enable individuals who are deaf, hard of hearing, or speech-impaired to use the phone to communicate.
- Providing language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreter services.
 - Information written in other languages.

If you need these services, contact PerformCare at 1-877-652-7624 or TTY (for the hearing impaired) 1-866-896-6975. We are available 24 hours a day, seven days a week.

If you believe that PerformCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can submit a complaint by mail or phone, by either calling PerformCare's Quality department at 1-877-652-7624 or by writing to:

PerformCare
Attn: Quality Department
300 Horizon Center Drive, Suite 306, Robbinsville, NJ 08691

If you need help filing a complaint, PerformCare's Quality department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language interpreter services

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Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কখা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৬৫২-৭৬২৪ (TTY 1-866-896-6975)।

French: Attention : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-652-7624 (TTY 1-866-896-6975).

Vietnamese: Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-652-7624 (TTY 1-866-896-6975).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-652-7624 (TTY 1-866-896-6975) पर कॉल करें।

Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-877-652-7624 (TTY 1-866-896-6975)。

Polish: Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-652-7624 (TTY 1-866-896-6975).

Urdu:

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-652-7624 (TTY: 1-866-896-6975)۔

Turkish: Dikkat: Türkçe konuşuyorsanız dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-652-7624 (TTY 1-866-896-6975) numaralı telefonu arayın.

Russian: Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-652-7624 (TTY 1-866-896-6975).

Sexual Assault Victim's Bill of Rights

N.J. Stat. Ann. § 52:4B-60.1 et seq.

In New Jersey, victims of sexual violence are afforded the following rights:

- (1) To have any allegation of sexual assault treated seriously; to be treated with dignity and compassion; and to be notified of existing medical, counseling, mental health, or other services available for victims of sexual assault, whether or not the crime is reported to law enforcement;
- (2) To be free, to the extent consistent with the New Jersey or United States Constitution, from any suggestion that victims are responsible for the commission of crimes against them or any suggestion that victims were contributorily negligent or assumed the risk of being assaulted;
- (3) To be free from any suggestion that victims are to report the crimes to be assured of any other guaranteed right and that victims should refrain from reporting crimes in order to avoid unwanted personal publicity;
- (4) When applicable, to no-cost access to the services of a sexual assault response team comprised of: a certified forensic nurse examiner, a confidential sexual violence advocate, and a law enforcement official as provided in accordance with the Attorney General's Standards for Providing Services to Victims of Sexual Assault, and the choice to opt into or out of any of the team's services;
- (5) To be informed of, and assisted in exercising, the right to be confidentially or anonymously tested for acquired immune deficiency syndrome (AIDS) or infection with the human immunodeficiency virus (HIV) or any other related virus identified as a probable causative agent of AIDS; and to be informed of, and assisted in exercising, any rights that may be provided by law to compel and disclose the results of testing of a sexual assault suspect for communicable diseases;
- (6) To have forensic medical evidence, if collected, retained for a minimum of five years, and to receive information about the status of the evidence upon request;
- (7) To choose whether to participate in any investigation of the assault;
- (8) To reasonable efforts to provide treatment and interviews in a language in which the victim is fluent and the right to be given access to appropriate assistive devices to accommodate disabilities that the victim may have, whether temporary or long term;
- (9) To information and assistance in accessing specialized mental health services; protection from further violence; other appropriate community or governmental services, including services provided by the Victims of Crime Compensation Office; and all other assistance available to crime victims under current law;
- (10) To be apprised of the availability and process by which a court may order the taking of testimony from a victim via closed circuit television in accordance with section 1 of P.L.1985, c.126 (C.2A:84A-32.4); and
- (11) To be apprised of the availability and process by which to seek protections through a temporary or final protective order under the "Sexual Assault Survivor Protection Act of 2015," P.L.2015, c.147 (C.2C:14-13 et seq.), if the victim believes that the victim is at risk for re-victimization or further harm by the perpetrator.

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CRIMINAL JUSTICE



Declaración de Derechos de La Víctima de Agresión Sexual

N.J. Stat. Ann. § 52:4B-60.1 et seq.

En Nueva Jersey a las víctimas de violencia sexual se les otorgan los siguientes derechos:

- (1) Que toda denuncia de agresión sexual sea tratada con seriedad; ser tratada/o con dignidad y compasión; y de ser notificada/o de servicios disponibles ya sean médicos, de consejería y asesoramiento, de salud mental, o de otros tipos disponibles para las víctimas de agresión sexual ya sea que se haya reportada el delito a las agencias del orden público o no.
- (2) De estar libres, en la medida compatible con la Constitución de Nueva Jersey o de Los Estados Unidos, de cualquier inferencia que las víctimas son las responsables por los delitos que se cometen en su contra o de alguna inferencia que las víctimas contribuyeron al delito por su negligencia o que asumido el riesgo de ser agredidas/os.
- (3) De estar libres de cualquier inferencia que las víctimas deben reportar los delitos para que se les asegure algún otro derecho garantizado y que las víctimas deben evitar reportar los delitos para evitar publicidad personal no deseada.
- (4) Cuando aplique, al acceso sin costo a los servicios de un equipo de respuesta a la agresión sexual comprendido por una enfermera examinadora forense certificada, un asesor confidencial de violencia sexual, y un oficial del orden público como lo indican los Estándares de la Oficina del Fiscal General para proveer servicios a las Víctimas de Agresión Sexual, y de tener la opción de participar o no con los servicios que provee el equipo y que usted escoja.
- (5) De que se le informe y que se le ayude a ejercer su derecho a obtener pruebas confidenciales para detectar el Síndrome de Inmunodeficiencia Adquirida (SIDA) o la infección con el Virus de Inmunodeficiencia Humana (VIH) o de cualquier otro virus relacionado e identificado como probable agente causante del SIDA; y de permanecer informada/o y recibir asistencia al ejercer cualquier derecho que le otorgue la ley para requerir y divulgar los resultados de pruebas que se le hayan hecho a un sospechoso de agresión sexual para detectar enfermedades transmisibles;
- (6) Que se guarden los resultados de las pruebas médicas forenses, si es que se han colectado, por un mínimo de cinco años, y de recibir información sobre la condición/estatus de las evidencias cuando la solicite.
- (7) Decidir si participar o no en la investigación de la agresión.
- (8) Que se hagan esfuerzos razonables para proveer tratamiento y entrevistas en el idioma en el que la víctima hable con fluidez y dar acceso a dispositivos de asistencia adecuados en relación a cualquier incapacidad que pueda tener la víctima ya sea temporal o a largo plazo;
- (9) A tener información y ayuda para poder tener acceso a servicios especializados de salud mental; a protección contra nuevos actos de violencia; a otros servicios apropiados ya sean comunitarios o gubernamentales, incluyendo los servicios proveídos por la Oficina de Compensación para Víctimas del Crimen; y toda otra ayuda disponible a víctimas de delitos conforme a las leyes vigentes.
- (10) De ser informada/o de la disponibilidad y el proceso por el cual un tribunal puede ordenar testimonio de una víctima a través de circuito cerrado de televisión conforme a la sección 1 de P.L. 1985, c.126 (C.2A:84A-32.4); y
- (11) De ser informada/o sobre la disponibilidad y el proceso para solicitar protección mediante una orden de alejamiento temporal o permanente conforme a "la Ley de protección a sobrevivientes de agresiones sexuales del 2015," P.L.2015, c.147 (C.2C:14-13 et seq.), si la víctima cree que corre el riesgo de ser víctima de nuevo o de daño adicional por parte del autor.

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CRIMINAL JUSTICE



The Criminal Case Process

