

PARALLEL 
 JUSTICE
 for victims of crime

Clark Sheldon, Burlington Police Department
 1 North Avenue Burlington, VT 05401
 p) 802-540-2394 f) 802-865-7579
 csheldon@bpdvt.org

Rain Banbury, Community Justice Center
 200 Church Street #200 Burlington VT 05401
 p) 802-264-0764 f) 802-865-7117
 rbanbury@burlingtonvt.gov

Name: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Cell: _____ Email: _____

Would you like to receive copies of our Parallelogram newsletter twice a year? Yes _____ No _____

Permanent address:
 Street _____

Current address:
 Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

*Because Parallel Justice is funded with federal money, our grantors would like to know **how you identify yourself.** *Answers will not affect eligibility for services or the services you receive.**

- | | |
|---|--|
| <input type="checkbox"/> I choose not to answer | <input type="checkbox"/> Black (not of Hispanic Origin)? |
| <input type="checkbox"/> A person with a disability? | <input type="checkbox"/> Hispanic? |
| <input type="checkbox"/> American Indian or Alaskan Native? | <input type="checkbox"/> Multi-Racial? |
| <input type="checkbox"/> Asian or Pacific Islander? | <input type="checkbox"/> White (not of Hispanic Origin)? |

If you accept financial assistance from Parallel Justice for expenses incurred as result of a crime, we reserve the right to share information with the state's attorney victims' advocate in order to pursue restitution claims if a case is brought against a suspect. Otherwise, information we collect from you is confidential and will remain confidential, unless you authorize us to speak with one of the agencies listed below:

- The Vermont Center for Crime Victim Services (Compensation or Restitution Units)
- The Burlington Police Department
- The Vermont State's Attorney Office (such as speaking with the victim advocate)
- The Burlington Community Justice Center (Restorative Panel, Graffiti Removal Team, etc.)
- Other/Notes on circumstances under which info can be shared: _____

How did you hear about this program? (please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Parallel Justice contacted me | <input type="checkbox"/> Seven Days web advertisement | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Police Officer | <input type="checkbox"/> TV public service announcement | <input type="checkbox"/> Front Porch Forum |
| <input type="checkbox"/> Parallel Justice brochure | <input type="checkbox"/> Radio PSA | <input type="checkbox"/> Victim Advocate |
| <input type="checkbox"/> Parallel Justice poster | | <input type="checkbox"/> Other: _____ |

Kind of incident: _____ Location & date: _____

Police incident report # _____ and/or Investigating officer _____

IF there is no police report, we will also need you to complete a sworn statement.

How has the crime affected you?

Physical: Were you hurt? If so, are you still affected by these injuries? Did you receive medical treatment?

Safety: If you have safety concerns as a result of the crime, please describe them.

Emotional: What other ways the crime is affecting you or others close to you?

Financial: Please describe any property that was damaged or lost as a result of the crime. What are the impacts of **not** replacing or repairing them?

Resources

Family: Does your family know about what happened?

Insurance: Do you have insurance that could help? What is your deductible?

Impact: How would covering these expenses out-of-pocket affect your budget?

Other: What other financial resources could you use for these expenses? (For example, using money in savings, a gift or loan from family or friends, waiting until you get paid again...)

If you received no help, would you have to divert money from other basic needs (food/rent/utilities) to cover these crime-related expenses this month? Yes ___ No ___ Next month? Yes ___ No ___

May we share your story (without your name or personal identifying information) to promote the program and help support other victims? Yes ___ No ___

By signing below I agree that the information on this document is truthful and accurate and that the needs identified are a direct result of a crime. Furthermore, I attest that the crime occurred within the city of Burlington on or after July 1, 2006.

22. Signature of Applicant _____ **Date** _____

Signature of parent or guardian (if under 18) _____ Date _____