

PARALLEL 
 JUSTICE
 for victims of crime

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

Rain Banbury, Parallel Justice Specialist
Community Justice Center
 125 College Street, 2nd Floor
 Burlington, VT 05401
 p) 802-264-0764
 f) 802-865-7117
 rbanbury@ci.burlington.vt.us

1. Name: _____ 2. Today's date: _____

3. Age: _____ 4. Date of Birth: _____

5. Current address:
 Street _____

6. Permanent address:
 Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

7. Phone number(s): Home: _____ Work: _____ Cell: _____

8. Email address: _____

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

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

10. Date of incident: _____ 11. Location of incident: _____

12. Nature of incident: _____

13. Did you report this to the police? Yes ___ No ___

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

14. IF YES, what is the case number? _____ Officer's name: _____

15. How can you substantiate this loss? _____

Please TURN OVER to complete page 2 → → → →

16. Specifically, how can we assist you? Your *safety* is our top priority. _____

17. Are you requesting emergency funds that could be reimbursed through other sources?
Yes _ No _ (Such as insurance, compensation or restitution, or through another service agency)

18. Do you identify yourself as:

- | | |
|---|--|
| <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)? |

*Because Parallel Justice is funded with federal money, our grantors would like to know this information. Please feel free to opt out if you do not want to share this info. This data does not affect your eligibility for services or the services you receive from Parallel Justice.

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

All information in your Parallel Justice file is confidential and will not be released.
Please ask for and read our Confidentiality Policy.

20. I DO ___ DO NOT ___ AUTHORIZE Parallel Justice to obtain and/or share the information in my file with the following agencies or under certain circumstances described 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: _____

21. Are you comfortable with us sharing your story (without your name or personal info) to support other victims or to promote the program (in the media, fundraising...)? 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 certify 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 _____

Signature of program staff _____ Date _____