



## **Township of North Huntingdon**

### **Police Department**

11279 Center Highway  
North Huntingdon, Pa 15642  
724-863-8800

## **PENNSYLVANIA CRIME VICTIMS**

### **Basic Information on the Rights and Services**

#### **Available for Crime Victims**

**Police Incident Number:** \_\_\_\_\_

**Officer / Contact:** \_\_\_\_\_



Information provided in this booklet was created by the Office of Victim's Services in the Pennsylvania Commission on Crime and Delinquency to help assist Law Enforcement Officers to provide notice of basic rights and services to victims of crimes as required by the Crime Victims Act (18 Pa.C.S. & 11.101 et. Seq.).



## PENNSYLVANIA CRIME VICTIMS

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
  - To find an organization in your county go to [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or scan the QR code below and select "Find Help in Your County."
- As a victim of crime, you have rights. Go to [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
  - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A)

To access PA  
Crime  
Victims  
Website



To apply for  
Compensation



PA Crime  
Victims App  
on Google  
Play



PA Crime  
Victims App  
on Apple



# RESOURCES

## PA Crime Victims Website

*Find information on victims' rights, help in your county, VCAP, the Address Confidentiality Program, and other helpful information.*  
[pcv.pccd.pa.gov](http://pcv.pccd.pa.gov)

## Victims Compensation Assistance Program (VCAP)

*Financial assistance for victims of crime. Must meet eligibility requirements.*  
800.233.2339 or [www.dave.pa.gov](http://www.dave.pa.gov)

## PA Statewide Victim Notification System (PA SAVIN)

*Provides release, transfer, and escape notifications of offenders in county jails and state prisons or on state parole.*  
866.972.7284 or [pcv.pccd.pa.gov](http://pcv.pccd.pa.gov)

## PA Office of the Victim Advocate

800.563.6399 or [www.o.va.pa.gov](http://www.o.va.pa.gov)

## PA Coalition Against Rape (PCAR)

800.692.7445 or [www.pcar.org](http://www.pcar.org)  
**Find your local Rape Crisis Center**  
888.772.7227

## PA Coalition Against Domestic Violence (PCADV)

717.545.6400 or [www.pcadv.org](http://www.pcadv.org)  
**Find your local Domestic Violence Program**

[www.pcadv.org/find-help](http://www.pcadv.org/find-help)

## 24-Hour National Hotline

800.799.SAFE (7233)

## PA ChildLine

*Report suspected child abuse or concerns about a child's well-being.*

800.932.0313 or  
[www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx](http://www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx)

## PA CRIME VICTIMS APP

The **PA Crime Victims App** provides information to victims of crime in Pennsylvania on how to find organizations that can help them after they have been victimized and the rights and services available to them. In addition, victims of crime can use this app to file a victim's compensation claim and check on their claim status. Find it on:

**Apple**



**Google Play**



**If you feel your rights as a victim of crime have been violated, you can contact the Office of the Victim Advocate at 800.563.6399 or [RA-OVAinfo@pa.gov](mailto:RA-OVAinfo@pa.gov).**

## Local Agency Information:

### PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY

3101 N. Front Street  
Harrisburg, PA 17110

# PENNSYLVANIA VICTIMS' RIGHTS

## Understanding Your Rights as a Victim of Crime

Victims' rights exist to ensure victims and witnesses of crime are informed, present, and heard at important stages in the criminal matter involving them.

These basic and fundamental rights seek to provide victims and survivors with a meaningful role in the criminal and juvenile justice system.

*It is essential that you update the prosecutor or victim advocate assigned to you with your contact information so they can ensure you benefit from the rights available to you.*



## AS A VICTIM OF CRIME YOU HAVE THE RIGHT TO:

- » Receive basic information about the services available to victims of crime.
- » Be notified when certain significant events occur relating to your case including:
  - The granting or denial of bail to an adult offender.
  - Whether a juvenile was detained or released following arrest.
  - The filing of a petition alleging delinquency of a juvenile.
  - The escape and subsequent apprehension of an adult prior to trial or a juvenile prior to adjudication.
- » Be accompanied at all court proceedings by a family member, a victim advocate, or other support person.
- » Offer comment regarding a defendant's bail conditions at the time that bail conditions are set or at any later proceeding where bail conditions may be modified.
- » Receive immediate notice of the release of an adult offender on bail who is incarcerated in a local correctional facility for a violation of a Protection From Abuse (PFA) order, Sexual Violence Protection Order (SVPO), or Protection From Intimidation (PFI) order, or for a personal injury crime committed against the victim protected by the order.
- » Receive help in preparing an oral and/or written victim impact statement detailing the physical, psychological, and economic effects of the crime which will be considered by the courts.
- » Be restored as you were before the crime, as much as possible, through restitution, compensation, and the return of property seized as evidence.
- » Receive information on and assistance in preparing, submitting, and following-up with a claim for compensation.
- » Be notified of the Address Confidentiality Program, if eligible to apply.
- » Not be excluded from any criminal proceeding unless the court determines that testimony by the victim would be materially altered if the victim heard other testimony at the proceeding.
- » Be notified of an adult offender's transfer from a state prison to a mental health facility and the discharge, transfer, or escape of the adult offender from that facility.
- » Have notice and provide prior comment on a judicial recommendation that the defendant participate in a motivational boot camp.
- » Give prior comment on the sentencing decision of an adult offender or the disposition of a delinquent juvenile including the submission of a victim impact statement.
- » Be notified of the disposition and sentence of an adult, including sentence modifications.

- » Have notice and provide comment on resentencing decisions regarding an offender.
- » Have notice and provide prior comment on prosecutor's waiver of eligibility requirement of an offender to enter the Recidivism Risk Reduction Incentive (RRRI) Program.
- » Be notified and provide comment if the court considers an offender to be eligible for the State Drug Treatment Program.
- » Receive notice of the arrest of a defendant for violating a PFA order.
- » Receive notice 90 days prior to the offender's parole date and submit a pre-parole statement regarding the offender's parole supervision, including suggestions of special conditions or written petition to deny parole, and to appear in person or through representation to provide testimony before the parole panel.
- » Receive notice of the parole board's decision before the offender's release.
- » Be present at trials, including murder trials, and not be excluded from the trial if providing input at sentencing.
- » Be present at the execution of an offender.

## VICTIMS OF A CRIME COMMITTED BY A JUVENILE HAVE THE ADDITIONAL RIGHT TO:

- » Receive prior notice of delinquency hearings and notification of hearings about the transfer of a juvenile to and from criminal proceedings.
- » Receive notice of the details of the final disposition of a juvenile's case.

## VICTIMS OF SEXUAL ASSAULT HAVE THE ADDITIONAL RIGHT TO:

- » Receive information concerning the availability of protection orders.
- » Have the confidential support of a counselor from a rape crisis center at the hospital during and after a forensic rape exam.
- » Have a sexual assault evidence kit collected and tested anonymously/without a name attached to it.
- » Have a sexual assault evidence kit collected and tested even if the exact location of the crime cannot be provided.
- » Not be billed or charged for the costs of a forensic exam or sexual assault evidence kit.
- » Have sexual assault evidence kept according to the statute of limitations.
- » Be notified of the status of a sexual assault evidence kit, if requested, including at least 60 days prior to the destruction of evidence.

## VICTIMS OF PERSONAL INJURY CRIMES HAVE THE ADDITIONAL RIGHT TO:

- » Receive notice of the arrest of a suspect or the filing or forwarding of a complaint relating to the crime.
- » Receive notice of a dispositional proceeding including location and time if the prosecutor's office has advance notice of said proceeding.
- » By request, receive notice when an adult offender is released from incarceration at sentencing.
- » Receive notice of an opportunity to give prior comment on and receive post-sentencing decisions involving an offender's release from a state prison, such as medical release, work release, furlough, parole, pardon, or community treatment center placement.
- » Receive notice of and provide prior comment on recommendations that an offender may participate in a motivational boot camp.
- » Receive notice of the release of an adult offender from a local correctional facility, including medical release, work release, furlough, parole, release from a boot camp, or release from a community treatment center placement.
- » Receive immediate notice of the escape of an adult offender and later apprehension.
- » By request, receive notice of the filing, hearing, or disposition of appeals.
- » Receive notice of the commitment to a mental health institution from a state or local correctional facility.
- » Receive notice of the termination of the courts' jurisdiction.
- » Provide prior comment on medical release or work release of an offender from a state or local correctional facility.
- » Give prior comment on the potential reduction or dropping of charges or any changes of a plea in a criminal or delinquency proceeding or diversion of a case.

## VICTIMS OF PERSONAL INJURY CRIME COMMITTED BY A JUVENILE HAVE THE ADDITIONAL RIGHT TO:

- » By request, receive notice prior to the release of a juvenile from residential placement, a shelter facility, or a detention center.
- » By request, be notified and be able to submit a written objection prior to the transfer or release from a placement facility of a juvenile who has been adjudicated delinquent, when such action is contrary to a previous court order or placement plan approved at a disposition review hearing.
- » By request, be given immediate notice of a juvenile's escape from residential placement, a shelter facility, or a detention center and later apprehension.
- » By request, submit written comment and oral testimony at a disposition review hearing.

**If you don't have internet access,  
SEE BELOW FOR IMPORTANT CONTACT INFORMATION  
Important Local Contact Information - Westmoreland County**

**Domestic Violence Victims**

Blackburn Center ..... 1-888-832-2272

**Sexual Assault Victims**

Blackburn Center ..... 1-888-832-2272

**Child Abuse Victims**

Westmoreland County Children's Bureau ..... 724-830-3301

**Elder Abuse Victims (24-Hour Elder Abuse Hotline)** ..... 1-800-490-8505

or Westmoreland County Area Agency on Aging ..... 1-800-442-8000

**Violent Crime Victims (to include Homicide)**

Westmoreland County District Attorney Victim Witness Center 724-830-3271

**Human Trafficking Victims**

Blackburn Center ..... 1-888-832-2272

**County Victim / Witness Office**

Westmoreland County District Attorney Victim Witness Center 724-830-3271

**Westmoreland County 24-Hour Crisis Hotline** ..... 1-800-836-6010

**Protection from Abuse (PFA): Westmoreland County Court Administrator's Office**

- Monday to Friday 8:30am-11:30am and 1:00pm-3:00pm 724-853-2207

- For assistance petitioning for PFA and counseling contact:

- Blackburn Center ..... 1-888-832-2272

- The Hope Center ..... 1-888-299-4673

**Emergency PFA**

For days and times not listed above contact your local police department

**STATEWIDE CONTACTS**

**Address Confidentiality Program**

Pennsylvania Office of the Victim Advocate 1-800-563-6399 or [www.ova.pa.gov](http://www.ova.pa.gov)

**Offender Release Notification**

PA Statewide Victim Notification System (PA-SAVIN) 866-972-7284 or

[www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

**Financial Assistance**

Victims Compensation Assistance Program 800-233-2339 or [www.dave.pa.gov](http://www.dave.pa.gov)

**Childline**

Pennsylvania Department of Human Services 800-932-0313 or

[www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx](http://www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx)



**Mailing Address:**  
P.O. Box 1167  
Harrisburg, PA 17108-1167

**Street Address:**  
3101 North Front Street  
Harrisburg, PA 17110

**Phone, Fax & Email:**  
(800) 233-2339  
(717) 793.2153  
(717) 787-4306 (FAX)

**Website:** [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)

[ra-davesupport@pa.gov](mailto:ra-davesupport@pa.gov)

You May either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

## **Victims' compensation Assistance Program Short Form**

*Please read the following before completing this form.*

**You may be eligible for compensation if:**

- The crime occurred in Pennsylvania
- The crime was reported to the proper authorities within 3 days.
- You cooperated with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (Some exceptions apply).
- Deadlines for filing may apply. Please Visit [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or call 1-800-233-2339 for additional information on the filing requirements.
- Minimum loss requirements may apply. Please visit [www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov) or call 1-800-233-2339 for additional information on filing requirements.

**You may be awarded compensation for:**

Medical Expenses  
Counseling Expenses  
Loss of Earnings  
Loss of Support  
Relocation Expenses  
Funeral Expenses  
Crime Scene Cleanup

Transportation Expenses  
Childcare  
Home Healthcare Expenses  
Stolen Cash (if your main source of income is Social Security  
Retirement, Disability Income, Supplemental Income, Survivor  
Benefits, Retirement/Pension(s), Disability, or Court Ordered  
Child/Spousal Support)

An overall maximum award shall not exceed \$35,000, however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and Suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible, or an award may be reduced if the conduct of the victim contributed to the injury.

## Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

**IMPORTANT NOTE:** You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

### General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

**Please Note:** It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

*We will make every effort to process your claim as quickly and efficiently as possible*



# Victims Compensation Assistance Program Short Form Claim # \_\_\_\_\_

## Victim Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

## Claimant Information If victim is the claimant, check here: ☐ Claimant must be 18 years or older.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Victim \_\_\_\_\_

## Crime Information

Date of Crime \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to Police or PFA Filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Did it happen at work? ☐ Yes ☐ No Were the injuries caused by a motor vehicle? ☐ Yes ☐ No  
Location of crime (street name and number) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
Police Department \_\_\_\_\_ Police Incident Number \_\_\_\_\_  
Person(s) who committed crime \_\_\_\_\_  
Briefly Describe the crime and injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.**

## Benefit: Medical/Counseling Expenses

Did you incur medical expenses? ☐ Yes ☐ No Did you incur counseling expenses? ☐ Yes ☐ No  
Do you have insurance to cover your medical/counseling expenses? ☐ Yes ☐ No  
*Provide itemized medical or counseling bills and insurance benefit statements, if applicable.*

## Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? ☐ Yes ☐ No  
Did you receive any monies due to the death? (life insurance, Social security death benefit) ☐ Yes ☐ No  
Were you or others financially dependent on the deceased victim? ☐ Yes ☐ No  
*Provide copies of the itemized funeral bills/receipts and statements of any benefits received.*

## Benefit: Loss of Earnings

Dates you missed work \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employers name and address: \_\_\_\_\_  
\_\_\_\_\_  
Doctor's name and address who can verify you missed work because of the crime \_\_\_\_\_

## Benefit: Stolen Cash

Amount of money stolen? \$ \_\_\_\_\_  
One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.  
☐ Social Security benefit ☐ Retirement/Pension ☐ Disability ☐ Court ordered Child/Spousal support  
Do you have homeowner's/renter's insurance? ☐ Yes ☐ No Are you required to file IRS tax returns? ☐ Yes ☐ No  
*Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.*

## Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? ☐ Yes ☐ No  
Did you incur crime scene cleanup expenses? ☐ Yes ☐ No  
Did you incur transportation expenses? ☐ Yes ☐ No

## Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? ☐ Yes ☐ No  
In a civil lawsuit? ☐ Yes ☐ No In an insurance action? ☐ Yes ☐ No

## Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

**Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information**

**The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.**

**Acknowledgement and Reimbursement Agreement:** The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

**Authorization to Obtain Information:** I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

\_\_\_\_\_  
Claimant's Signature\_\_\_\_\_  
Date**HIPAA Authorization and Release Agreement**

**If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.**

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to \_\_\_\_\_ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. \*\*I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

\_\_\_\_\_  
Claimant's Signature\_\_\_\_\_  
Date**Victim Statistical Information****Completion of this section is strictly optional.****The following information is used for statistical purposes only.**

Race/Ethnicity: ☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ American Indian/Alaskan Native  
☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Some Other Race ☐ Multiple Races

Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_

How did you find out about the Program: ☐ Hospital ☐ Prosecutor ☐ Brochure ☐ Police ☐ Website/App  
☐ Victim Service Program ☐ Other \_\_\_\_\_

**Mailing Address**

PO Box 1167  
Harrisburg, PA 17108-1167

**Street Address**

3101 North Front Street  
Harrisburg, PA 17110

**Phone and Fax Numbers**

800-233-2339  
717-783-5153  
717-787-4306 (FAX)

**Email**[ra-davesupport@pa.gov](mailto:ra-davesupport@pa.gov)**Website:**[www.pcv.pccd.pa.gov](http://www.pcv.pccd.pa.gov)File online at <https://www.dave.pa.gov>

### **Westmoreland County Children's Bureau**

Type of Program: We help victims of child abuse

Address: 40 North Pennsylvania Avenue Suite 310 Greensburg, PA 15601

Telephone: 724-830-3301 – (After hours call 911)

Fax: 724-830-3364

Website: <https://www.westmorelandcountypa.gov/373/Childrens-Bureau>

Services Provided: Advocacy, Accompaniment, Information & Referral, Crisis Intervention

### **Westmoreland County District Attorney's Victim Witness Center**

Type of Program: We help victims of all crimes

Address: 2 North Main Street Suite 206 Greensburg, PA 15601

Telephone: 724-830-3949 or 1-800-442-6926 (ext. 3271 or 3272)

Website: <https://www.westmorelandcountypa.gov/305/Victim-Witness-Services>

Services Provided: Advocacy, Case Status, Counseling, Court Accompaniment, Courtroom Orientation, Crisis Intervention, Escape Notification, Restitution, Support Groups, Victim Compensation Assistance, Victim Impact Statements, Victim Rights Notification

### **Westmoreland County Behavioral Health & Developmental Services Office**

Type of Program: Behavioral Health and Substance Abuse Service

Address: 40 N Pennsylvania Ave., Greensburg, PA 15601

Telephone: 724-830-3617

Website: <https://www.westmorelandcountypa.gov/843/Behavioral-Health>

Services Provided: The Westmoreland County Behavioral Health and Developmental Services (BHDS) department provides oversight for programs throughout the county that provide services to individuals diagnosed with mental illness, intellectual disabilities, developmental disabilities, and/or autism, and their families. There are several subdepartments within BHDS which include Adult Behavioral Health, Children's Behavioral Health, Complex Case, Forensic, Early Intervention, and Developmental Services.

### **Sage's Army**

Type of Program: A Recovery Community Organization

Address: 216 Fourth Street Irwin PA 15642

Telephone: 724-863-5433

Website: <https://www.sagesarmy.com/>

Services Provided: Our mission is to offer support, guidance, and resources to all people who have been affected by substance use while also advocating for people who use drugs (PWUD) by facilitating trainings, educating the public, and ending the stigma about PWUD and people in recovery.

# NOTICE TO VICTIMS OF DOMESTIC VIOLENCE



Robert Rizzo  
*Chief of Police*

## Township of North Huntingdon Police Department

11279 Center Highway  
North Huntingdon, PA 15642



PH: (724) 863-8800  
FAX: (724)-863-4774

### NOTICE TO VICTIMS OF DOMESTIC VIOLENCE

If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:

- 1.) An order restraining the abuser from further acts of abuse.
- 2.) An order directing the abuser to leave your household.
- 3.) An order preventing the abuser from entering your residence, school, business, or place of employment.
- 4.) An order awarding you or the other parent temporary custody of or temporary visitation with your child or children.
- 5.) An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.

### VICTIMAS DE VIOLENCIA DOMESTICA

Si usted es una víctima de violencia doméstica, usted tiene derecho de ir a Corte y llenar una petición requiriendo una orden de Protección de Abuso en lo cual puede incluir lo siguiente.

- 1.) Una orden restringiendo al abusador de futuros actos de abuso.
- 2.) Una orden prohibiendo al abusador que entre en su casa.
- 3.) Una orden previniendo al abusador entrar a su residencia, escuela oficina o lugar de empleo.
- 4.) Una orden notificando a usted o a los otros padres custodia temporal de o visitación temporal con su niño/a/s.
- 5.) Una orden informando al abusador de pagar soporte a usted y a los hijos menores si el abusador tiene obligación legal para hacerlo.

**You may contact one or more of the following agencies: / Usted puede llamar a una o mas de estas instituciones:**

- |  |              |
|--|--------------|
| 1.) Blackburn Center & Shelter / Blackburn Centro y Refugio                    | 888-832-2272 |
| 2.) Westmoreland County Childrens Bureau / Servicio para niños                 | 724-830-3300 |
| 3.) Alle-Kiski Area Hope Center / Centro de Esperanza                          | 888-299-4673 |
| 4.) MDJ 10-2-09 Judge Henry Moore / Juez Henry Moore                           | 724-864-0018 |
| 5.) MDJ 10-2-03 Judge Rebecca Tyburski / Jueza Rebecca Tyburski                | 724-744-3031 |
| 6.) Westmoreland County Juvenile Services / Servicios Parajuentud              | 724-830-4200 |
| 7.) Westmoreland County Domestic Relations / Servicio de Relaciones domesticas | 724-830-3204 |
| 8.) Westmoreland County Mental Health / Salud Mental                           | 724-832-4450 |
| 9.) Westmoreland County District Attorney / Abogado del distrito               | 724-830-3949 |
| 10.) Westmoreland County Court Administrator / El Corte Administrador          | 724-830-3832 |
| 11.) Westmoreland County Protection From Abuse Office                          | 724-853-2207 |