

Office of the Los Angeles City Attorney

Michael N. Feuer

Victim

Victim

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Víctima



Assistance

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Víctima

Victim Assistance Program
221 N. Figueroa St., Suite 100
Los Angeles, CA 90012
(213) 978-4537

About the Program:

- The victim assistance program is a grant-funded program that provides state mandated services to victims and witnesses of crime.
- The Restitution Fund, which is made up from fines and penalty assessments on convicted criminals, pays for the services and resources provided to qualified victims of crime.

About the Program:

The program has been in operation since 1980.

- The City Attorney's Office Victim Assistance Program currently has 21 branch offices.
- As of February, we will have a total of 29 branch office locations: 24 in LAPD stations, including four traffic station, 3 in City Attorney branch offices, and 2 Family Justice Centers.

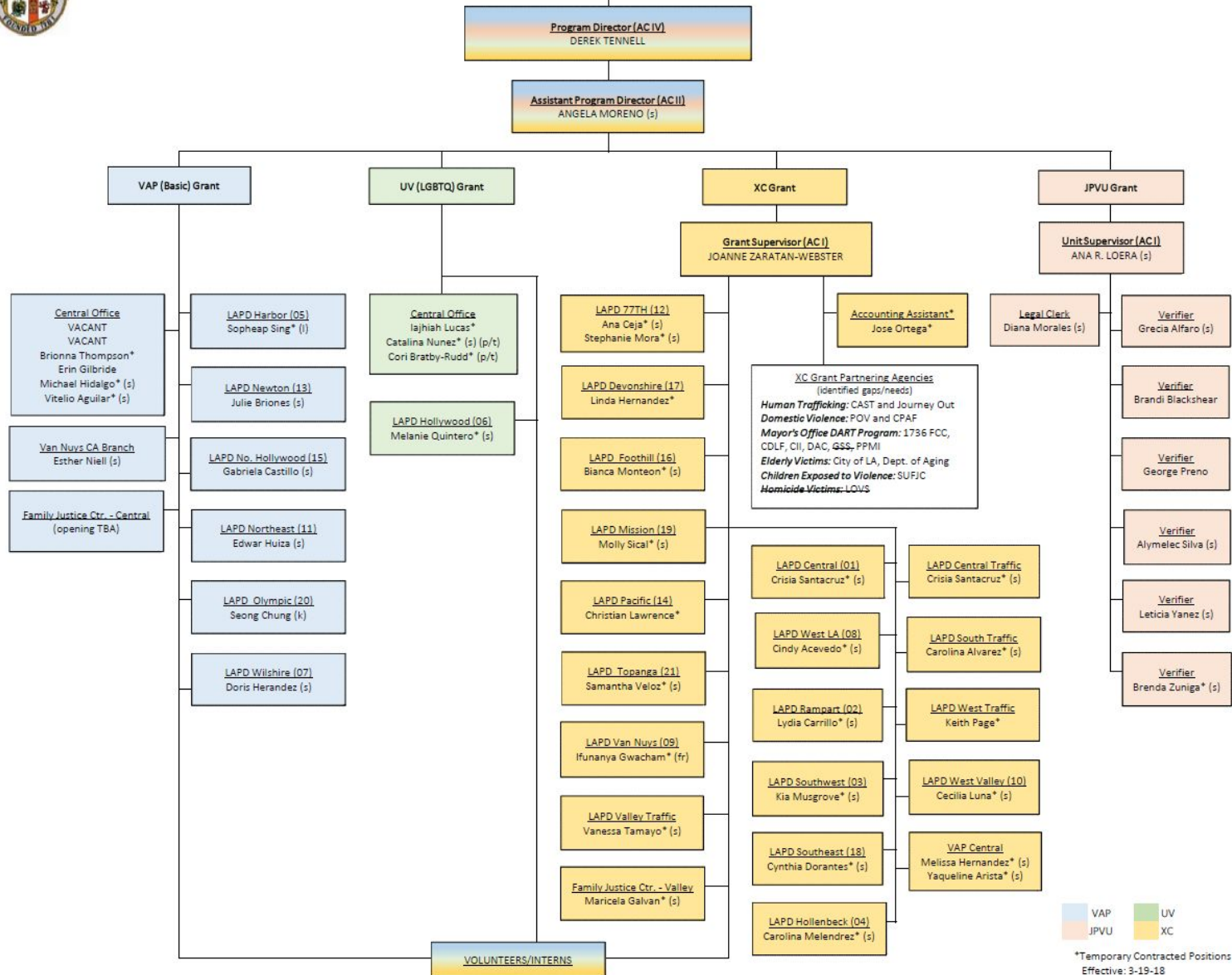
Available Services:

- Crisis Intervention
- Information & Referrals to public/private service agencies
- Criminal Case Status/Disposition
- Provide Orientation to the Criminal Justice System
- Court Escort/Support
- Liaison with law enforcement agencies/prosecutors
- Employer Intervention
- Restitution Assistance
- Family Notification
- Support Services for Elderly, Disabled, and Child Victims
- Assistance in filing for the State of California Victim Compensation Program.



OFFICE OF THE LOS ANGELES CITY ATTORNEY

VICTIM ASSISTANCE PROGRAM (VAP) - Organizational Chart



■ VAP ■ UV
■ JPVU ■ XC
 *Temporary Contracted Positions
 Effective: 3-19-18

Program Goals:

- To reduce the trauma suffered due to the crime
- To enhance the victim's active participation in the criminal justice system

State of California Victim Compensation Board

Application for Crime Victim Compensation



California Victim Compensation Board

- If you or someone close to you were injured or threatened with injury in a violent crime, CalVCB may help pay certain crime-related expenses.
- Both the victim and their family members or other dependents may be eligible
- The program can help victims if the crime occurred in California.
- The program also helps California residents who become victims in other states or countries.

Types of Crime Victims Assisted:

- Domestic Violence
- Robbery
- Battery/Assault
- Homicide
- Hate Crimes
- Drunk Driving
- Hit & Run
- Gang Violence
- Human Trafficking
- Child Abuse
- Elder Abuse
- Rape
- Arson
- Kidnapping

Qualifications:

- File a crime report with law enforcement
 - A Permanent Restraining Order is acceptable for domestic violence cases.
 - A Child Protective Report is acceptable for child abuse cases.
 - A Medical/Mental Health record, Sexual Assault Examination (S.A.R.T), CPS/APS Report, University Title IX Report, or credible witness testimony are acceptable for Sexual Assault cases
- Apply to the program within 3 years from the time the crime happened
 - A late application may be accepted with "good cause" if filed after 3 years. The State makes the decisions on whether to accept a late application.
- Cooperate with law enforcement during the investigation and prosecution of the crime.
- The victim or derivative victim can not have been involved in the events leading up to the qualifying crime.
- Cooperate with the Victim Compensation Board by providing the information needed to review the application.

Expenses Paid:

- Medical & dental treatment
- Mental health counseling
- Income Loss– if victim missed work as a result of crime-related injuries
- Funeral & burial expenses
- Loss of support for dependents of a deceased or disabled victim
- Home security – if the crime happened in someone's home
- Emergency relocation
- Insurance co-payments
- Crime scene clean-up
- Medically necessary equipment (i.e. wheelchair, walker, prescription eyeglasses, hearing aid)

*There are limits on the amounts that can be paid for each loss.

How Much is Paid?

- Maximum Total
 - Up to \$70,000
- Medically Related
 - Up to \$70,000
- Funeral/burial
 - Up to \$7,500
- Relocation
 - Up to \$2,000
- Home security
 - Up to \$1,000
- Crime Scene Cleanup
 - Up to \$1,000
- Mental health treatment limitations:
 - Adult direct victim: Up to 40
 - Minor direct victim: Up to 40
 - Adult derivative victim: Up to 15
 - Minor derivative victim: Up to 30
 - Parent, sibling, spouse, domestic partner, or child of a deceased victim: Up to 40
 - Primary caregiver: Up to 30

Expenses NOT Covered:

- Any expenses paid by insurance or another source
- Property: lost, stolen or damaged
- Court appearance related expenses
- Pain and suffering
- Expenses incurred by a person who is on probation/parole, in jail/prison for a felony conviction



Associated Application ID
(Enter if known)

Application For Crime Victim Compensation

Section 1: Claimant

A separate application must be filed for each person seeking assistance. Section 1 must be completed for all applications. The claimant is the person who has expenses or is seeking assistance as a result of a crime. If you are filing this application on behalf of someone else, put his/her information in Section 1 and your information in Section 3.

Preferred Spoken Language
Preferred Written Language

First Name Middle Name Last Name Gender

Relationship to Victim Social Security Number (SSN) No SSN Date of Birth

Mailing Address Street Number and Name or PO Box From the date of the crime to now, has the claimant been in prison, on probation, on parole or post-release community supervision because of a felony? Is the claimant required to register as a sex offender?

Address 2 (Apartment or Unit #) City State Zip

Best Contact Number Extension E-mail E-mail Type

Check this box if you are a parent/guardian applying on behalf of a minor witness to violent crime. Minor witnesses are eligible for mental health treatment only. Claimant is under age 18, a witness in close proximity to a violent crime, but is neither the crime victim nor related to the victim. Provide available victim, crime or other information in remaining sections. If you are an adult victim and the expenses are for you, skip to Section 4. If not, continue to Section 2.

Section 2: Crime Victim

The crime victim is the person who was injured, threatened with injury, or killed due to the crime.

First Name Middle Name Last Name Gender

Social Security Number (SSN) No SSN Date of Birth If victim is deceased, date of death

Mailing Address Street Number and Name or PO Box From the date of the crime to now, has the victim been in prison, on probation, on parole or post-release community supervision because of a felony? Is the victim required to register as a sex offender?

Address 2 (Apartment or Unit #) City State Zip

Best Contact Number Extension E-mail E-mail Type

If you are completing this application on behalf of a minor or an incapacitated adult, continue to Section 3. If not, skip to Section 4.



Section 3: Parent or Guardian (Applicant)

This section is for parents or guardians of minors or incapacitated adults in Section 1.

Please indicate your relationship to the person listed in Section 1:

Preferred Spoken Language Preferred Written Language

First Name Middle Name Last Name Date of Birth Gender Social Security Number (SSN) No SSN

Mailing Address Street Number and Name or PO Box From the date of the crime to now, have you been in prison, on probation, on parole or post-release community supervision because of a felony? Are you required to register as a sex offender?

Address 2 (Apartment or Unit #) City State Zip

Best Contact Number Extension E-mail E-mail Type

Continue to Section 4.

Section 4: Information About Your Expenses

For the victim of the crime, the following benefits may be available. Please check the crime-related expenses you are requesting. Please attach copies, or a list, of any crime-related bills.

- Medical and/or dental expenses Mental health treatment Income loss (if you missed work because of the crime)
Moving or relocation expenses Home security improvements Home or vehicle modifications (for a victim disabled because of the crime)
Job retraining (for a victim disabled because of the crime) Crime scene clean-up Mileage reimbursement or transportation costs

Other crime-related expenses

For someone other than the victim of the crime, the benefits below may be available. Please check the crime-related expenses you are requesting. Please attach copies, or a list, of any crime-related bills.

For minor witnesses to violent crime, only mental health benefits are available. Proceed to Section 5.

- Mental health treatment Wage loss (up to 30 days if a minor dies or is hospitalized) Loss of support (for dependents of a deceased or disabled victim)
Funeral and/or burial expenses Crime scene clean-up Home security improvements
Medical expenses for a deceased victim

Emergency Award Request

Emergency awards may be requested in certain situations. An emergency award is intended to pay for crime-related expenses in cases where you will suffer serious financial hardship if crime-related expenses are not immediately paid. Substantial hardship means you would not have any money left for necessities like food or rent after you paid for crime-related bills. Qualifying emergency awards are generally paid within 30 calendar days of receipt of the application.

I am requesting an emergency award.



Section 5: Crime Information

Law Enforcement Agency Name **Dates Crime Occurred**
 If reported to law enforcement, name of the law enforcement agency From To

Date Crime was Reported Crime Report Number Describe Injuries

Location of Crime (if known) **Person who committed the crime (suspect), if known** Suspect unknown
 Address, Intersection, Area, etc. First Name Middle Name Last Name

Address 2 (Ste. #) City State Zip County Type of Crime

Section 6: Representative Information (A representative is not required to apply for compensation.)

This section is for representatives only. Victim Witness Assistance Center Advocates need only provide phone, name, center #, sign and date. All other representatives, please fill out this section completely.

Please indicate your relationship to the person listed in Section 1: If other, please indicate:

First Name Middle Name Last Name Telephone Extension

Organization Name **Mailing Address**
 Street Number and Name or PO Box Address 2 (Suite #)

For Victim Assistance Center Staff Only
 JPVWC Number City State Zip

For Attorneys Only
 I am requesting payment pursuant to Government Code Section 13957.7(g).
 Tax ID State Bar Number
 Telephone E-mail

Signature and Date Required for all Representatives
 Representative's Signature Date

Section 7: How Did You Find Out About the Board?

Law Enforcement District Attorney Medical Provider Children's Protective Services
 Adult Protective Services Mental Health Provider Victim Witness Assistance Center Media (TV, Radio, Newspaper, etc.)
 Billboard or Poster Card or Booklet Other



Section 8: Federal Reporting Information

The following **voluntary** information is for the person receiving compensation and is used for statistical purposes only to comply with federal regulations.

Ethnicity American Indian/Alaska Native Asian Black/African American Hispanic or Latino Native Hawaiian and Other Pacific Islander White Non-Latino/Caucasian
 Other Race Multiple Races Decline to State Other

Is the victim disabled? Was the victim disabled prior to the crime?

Section 9: Insurance Information

Please list your insurance information below. The California Victim Compensation Board (CalVCB) is the payer of last resort. We may contact your insurance company as a potential reimbursement source.

I have no insurance of any kind.

Health Insurance
 Medi-Cal Benefits Identification Card Number Issue Date

Health Insurance Company Name Policy Number Group Number Telephone Ext.

Mailing Address
 Street Number and Name or PO Box Address 2 (Suite #) City State Zip

Name of Insured
 First Name Middle Name Last Name Have you filed an insurance claim related to this crime?

Auto/Vehicle Insurance (Includes car, truck, motorcycle, motorhome, boat, jet ski, airplane, etc.)
 Complete if the crime involves a vehicle, including pedestrians hit by a vehicle.

Auto Insurance Company Name Policy Number Telephone Ext.

Mailing Address
 Street Number and Name or PO Box Address 2 (Suite #) City State Zip

Name of Insured
 First Name Middle Name Last Name Have you filed an insurance claim related to this crime?

Other Insurance
 Please check any additional insurance sources that could be applied to your application.
 Medi-Cal Medicare Workers' Comp Other

If you have more than one insurance provider, please list on a separate piece of paper and mail with your application.



Section 10: Employer Information

Please list the victim's employer. If you are a parent/guardian seeking wage loss benefits because a minor victim was hospitalized or is deceased, list your employer.

Contact Person					
Employer's Business Name	First Name	Last Name	Telephone	Ext.	OK to contact employer?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Mailing Address

Street Number and Name or PO Box	Address 2 (Suite #)	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	CA	<input type="text"/>

Is or was the victim self-employed?

Did the victim miss work as a result of crime-related injuries?

Did the crime occur while the victim was on the job or at the workplace?

If you have more than one employer, please list on a separate piece of paper and mail with your application.

Section 11: Civil Suit Information

If you decide to file a civil suit, by law, you are required to notify CalVCB within 30 days of filing the action.

Have you filed, or do you plan to file, a civil suit related to this crime?

Attorney's Name

First Name	Middle Name	Last Name	Telephone	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

Street Number and Name or PO Box	Address 2 (Suite #)	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	CA	<input type="text"/>

Your application for crime victim compensation is almost complete.

- After entering all available information, print the application.
- Attach copies of any documentation that supports your application for crime victim compensation, including copies of crime-related bills, insurance, or anything relating to the crime. Save original documents for your records.
- Please read the next page carefully, sign and date, and send to the address indicated or deliver to your local Victim Witness Assistance Center.
- CalVCB will send you a letter acknowledging that your application has been received. The acknowledgment letter will include additional information about the benefits requested on your application.
- A CalVCB representative may contact you for additional information if you were not able to provide it with your application.
- For any questions about victim compensation, you can contact your local Victim Witness Assistance Center or call CalVCB at 1-800-777-9229.



Print

Save

Clear

This page must be signed and dated.

Section 12: Information Release

I give permission to any healthcare provider; any medical biller; any funeral director or similar persons, any employer, any police or other government agency, including the Department of Justice, the Social Security Administration, the State Franchise Tax Board, and the Federal Internal Revenue Service; any insurance company; or any other person or agency, to provide information relating to this application, including medical (including, but not limited to history or physical records, consultation reports, pathology reports, discharge summaries, operative reports, X ray and other radiology reports, laboratory reports, chart notes, narrative reports, and billing records), mental health, and felony conviction records, to the California Victim Compensation Board (CalVCB) or its representatives, for the purpose of determining eligibility for CalVCB benefits. This permission also applies to all sources of recovery for the claimed losses, including but not limited to, health or medical benefits, unemployment or disability benefits, Social Security benefits (Social Security disability, Supplemental Security income, and/or retirement, including the supporting medical and/or mental health records), and Veteran benefits. I also give permission for the release of federal and state tax information, including tax returns, for the purpose of verifying income. I hereby waive all legal privileges to any of this information required by CalVCB regarding my claim.

I agree that a photocopy or fax of this signed form is as valid as the original, and my signature gives permission for the release of all specified information.

I agree that CalVCB or its representatives may pursue restitution from the convicted offender in this matter to recover monies paid to me by CalVCB and that by filing this application I have authorized use of information in this application and subsequent claim files to pursue restitution from the convicted offender.

In order to verify or process this application, I agree that CalVCB or its representatives may provide information about this application, and the information contained in this application, to any representative named on this application, government agency, or health care provider or other provider of services, and may pay the provider directly if payment of these services is approved.

I agree that I may revoke this authorization at any time. The revocation must be in writing. The revocation will take effect when CalVCB receives it, but I may be deemed ineligible for CalVCB benefits once the revocation is received by CalVCB. However, no healthcare provider may condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I am entitled to a copy of this authorization except in limited circumstances. I agree that information disclosed under this authorization may be redisclosed by the recipient as required by law and this redisclosure may no longer be protected by federal or state law.

I agree that the authorizations and agreements herein will expire ten (10) years after the date of my signing this form.

Signed	Date
<input type="text"/>	<input type="text"/>

(Parent or guardian must sign if victim is a minor or incapacitated.)

Section 13: My Agreement to the California Victim Compensation Board

As required by California law, I will contact and repay the California Victim Compensation Board (CalVCB) if I, or anyone on my behalf, receives any payments from the offender, a civil lawsuit, an insurance policy, or any other government or private entity, for losses suffered as a direct result of the crime that was the basis for receipt of benefits from CalVCB, in the amount of the total benefits granted by CalVCB. I understand I may be responsible for repaying CalVCB any amount for which it is later determined that I was not eligible. I will notify CalVCB if I hire an attorney to represent me in any action related to this crime or if I pursue any action on my own.

Any monies I receive from CalVCB for moving/relocation expenses, improving home security, or for modifying a home or vehicle for a disabled victim will be used only for those purposes. If I am a victim of domestic violence receiving moving/relocation expenses, I will not tell the offender my home address nor allow the offender on the premises at any time, or I will seek a restraining order against the offender.

In the event that I am compensated for any pecuniary loss by CalVCB and the State of California subsequently receives compensation for the same loss on my behalf from the perpetrator (including any monies received through a restitution order) or from any other source, I hereby assign to the Victim Compensation Board any and all rights to such duplicate compensation.

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and completed to the best of my knowledge and belief. I understand that I may be found to be ineligible for benefits, and that action may be taken to recover benefits I receive if I provide information that is false, intentionally incomplete, or misleading.

Signed	Date
<input type="text"/>	<input type="text"/>

(Parent or guardian must sign if victim is a minor or incapacitated. County social workers, see section 13a.)

Printed Name

Section 13a: For County Social Workers Only

As required by California law, I will contact and inform the California Victim Compensation Board (CalVCB) if I learn the claimant receives any payments from the offender, a civil lawsuit, an insurance policy, or any other government or private entity, for losses suffered as a direct result of the crime that was the basis for receipt of benefits from CalVCB.

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and completed to the best of my knowledge and belief. I understand that the claimant may be found to be ineligible for benefits, and that action may be taken to recover benefits the claimant receives if the claimant provides information that is false, intentionally incomplete, or misleading.

Signed	Date
<input type="text"/>	<input type="text"/>

Printed Name

Mail completed application to:

California Victim Compensation Board
PO Box 3036, Sacramento, CA 95812-3036

or

deliver to your local Victim Witness Assistance Center

For more information call:

1-800-777-9229

Hearing impaired, please call the
California Relay Service (711)

victims.ca.gov Helping California Crime Victims Since 1965

LA City Advocate Locations

<p><u>Central Office</u> 221 N. Figueroa St, Suite 100 Los Angeles, CA 90012 (213) 978-4537</p> <p><u>LGBTQ</u>  (213) 978-4525</p>	<p><u>77th Area LAPD</u> 7600 S. Broadway St. Los Angeles, CA 90003</p> <p>(323) 786-5413</p>	<p><u>Central LAPD</u> 251 E. Sixth St Los Angeles, CA 90014</p> <p>(213) 486-0765</p>	<p><u>Central Traffic</u> 251 E. Sixth St Los Angeles, CA 90014</p> <p>(213) 486-0765</p>	<p><u>Devonshire Area LAPD</u> 10250 Etiwanda Ave. Northridge, CA 91325</p> <p>(818) 832-0621</p>	<p><u>Family Justice Center Valley Bureau</u> 14651 Oxnard St. Van Nuys, CA 91411</p> <p>(818) 933-9497</p>	<p><u>Foothill Area LAPD</u> 12760 Osborne St. Pacoima, CA 91331</p> <p>(818) 834-3104</p>
<p><u>Harbor Area LAPD</u> 2175 John S. Gibson Blvd. San Pedro, CA 90731</p> <p>(310) 726-7786</p>	<p><u>Hollenbeck Area LAPD</u> 2111 E. First St. Los Angeles, CA 90033</p> <p>(323) 342-4103</p>	<p><u>Hollywood Area LAPD</u> 1358 Wilcox Ave Hollywood, CA 90028</p> <p> (213) 972-2909</p>	<p><u>Mission Area LAPD</u> 11121 Sepulveda Blvd. Mission Hills, CA 91345</p> <p>(818) 838-9954</p>	<p><u>Newton Area LAPD</u> 3400 South Central Ave. Los Angeles, CA 90011</p> <p>(323) 846-5374</p>	<p><u>N. Hollywood Area LAPD</u> 11640 Burbank Blvd. N. Hollywood, CA 90011</p> <p>(818) 754-8421</p>	<p><u>Northeast Area LAPD</u> 3353 San Fernando Rd. Los Angeles, CA 90065</p> <p>(323) 561-3412</p>
<p><u>Olympic Area LAPD</u> 1130 S. Vermont Ave. Los Angeles, CA 90006</p> <p>(213) 382-6654</p>	<p><u>Pacific Area LAPD</u> 12312 Culver Blvd. Los Angeles, CA 90066</p> <p>(310) 482-6383</p>	<p><u>Rampart Area LAPD</u> 1401 W. Sixth St Los Angeles, CA 90017</p> <p>(213) 484-3475</p>	<p><u>South Traffic Division</u> 4125 S Crenshaw Blvd. Los Angeles, CA 90008</p> <p>(213) 369-0270</p>	<p><u>Southeast Area LAPD</u> 145 W 108th St. Los Angeles, CA 90061</p> <p>(213) 972-1045</p>	<p><u>Southwest Area LAPD</u> 1546 W. Martin Luther King Blvd.</p> <p>(213) 369-1617</p>	<p><u>Topanga Area LAPD</u> 21501 Schoenborn St. Canoga Park CA 91304</p> <p>(818) 756-3363</p>
<p><u>Valley Traffic Division</u> 7870 Nollan Pl Panorama City, CA 91402</p> <p>(818) 644-8062</p>	<p><u>Van Nuys Area LAPD</u> 6240 Sylmar Ave. Van Nuys, CA 91401</p> <p>(818) 374-9500</p>	<p><u>Van Nuys City Attorney</u> 6262 Van Nuys Blvd. #151 Van Nuys, CA 91401</p> <p>(818) 374-3333</p>	<p><u>West Traffic Division</u> 4849 Venice Blvd Los Angeles, CA 90019</p> <p>(818) 473-0223</p>	<p><u>West Los Angeles Area LAPD</u> 1663 Butler Ave. Los Angeles, CA 90025</p> <p>(310) 444-1534</p>	<p><u>West Valley Area LAPD</u> 19020 Vanowen St. Reseda, CA 91335</p> <p>(818) 374-7849</p>	<p><u>Wilshire Area LAPD</u> 4861 Venice Blvd. Los Angeles, CA 90010</p> <p>(213) 922-8238</p>



Indicates LGBTQ Advocate Available on Site

The Victim Assistance Program presents the first web-based Case Management System in the State; putting power into the hands of crime victims.

www.helpLAcrivictims.org

Crime Victims can access important program information and request assistance using our new, web-based **Case Management System.**

The screenshot shows the VAP website interface. At the top left is the VAP logo and navigation links: Office Locations, Victim Services, Victim Resources, LGBTQ Victim Assistance, FAQs, Victims' Rights, Mission, About Us, Events, and LACi. A language dropdown menu is open, showing options: Spanish, Korean, Farsi, Armenian, and a 'Coming Soon' section with Chinese, Tagalog, Vietnamese, Arabic, Cambodian, Russian, German, Japanese, and Thai. An 'English' button is also visible. The main content area features a city skyline and text about the Route 91 Harvest Festival shooting. A 'Request For Assistance' button is highlighted. At the bottom, there are buttons for 'Click here to get started' and 'Click here to view in Store', along with App Store and Google Play logos.

Available in other languages

- Spanish
- Korean
- Farsi
- Armenian
- Coming Soon:
- Chinese
- Tagalog
- Vietnamese
- Arabic
- Cambodian
- Russian
- German
- Japanese
- Thai

English

Victims of Route 91 Harvest Festival shooting in Las Vegas, Nevada are eligible for assistance and can request services. Please click "Request for Assistance" below for help.

Los Angeles City Attorney's
VAP | Victim Assistance Program

Victims need to know they are not alone. We will stand up for them and help protect them.
- Mike Feuer, L.A. City Attorney

Request For Assistance

Click here to get started

Click here to view in Store

Download on the App Store
GET IT ON Google Play

www.helpLAcrivictims.org



VAP

Victim
Assistance
Program

English

Request For Assistance

Crime victims will need to enter all personal information and a police report number if available



PERSONAL INFORMATION

First Name *

John

Last Name *

Doe

Date of Birth *

01-01-2000

Phone Number *

(213) 978-4537

Email Address

email@email.com

Relationship to Victim

Self

Comments

CRIME INFORMATION

Date of Crime *

1/1/2017



Type of Crime *

Adult Physical Assault

Search Location Enter Manually

221 N Figueroa St, Los Angeles, CA 90012

Police Report Number

9999999

+ Add Claimant(S)

+ Add More Victims

Cancel

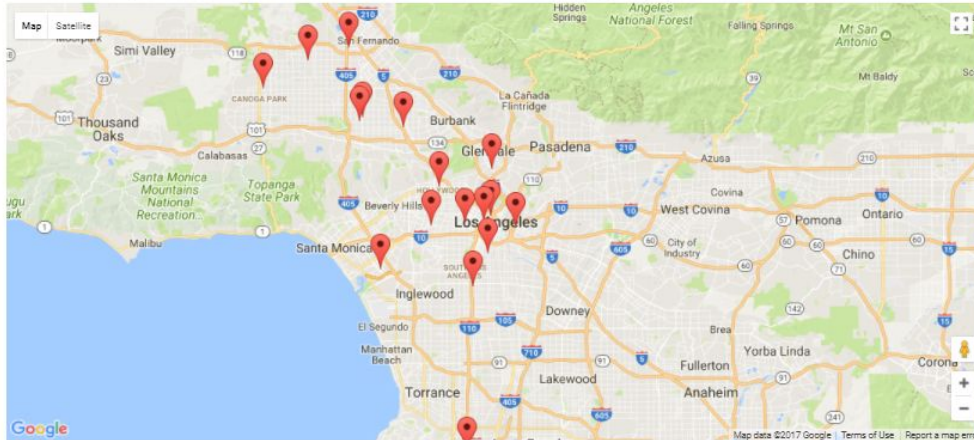
Next

www.helpLAcrivictims.org

Request For Assistance



Office Location(Please select an office location from the list below to complete)



77th Area LAPD

7600 S Broadway
Los Angeles
CA 90003

Select

Central Office

221 N Figueroa St
Los Angeles
CA 90012

Select

Devonshire Area LAPD

10250 Etiwanda Ave
Los Angeles
CA 91325

Select

Family Justice Center (co-located agency)

14651 Oxnard St
Los Angeles
CA 91411

Select

Harbor Area LAPD

2175 John S Gibson Blvd
Los Angeles
CA 90731

Select

Hollenbeck Area LAPD

2111 E 1st St
Los Angeles
CA 90033

Select

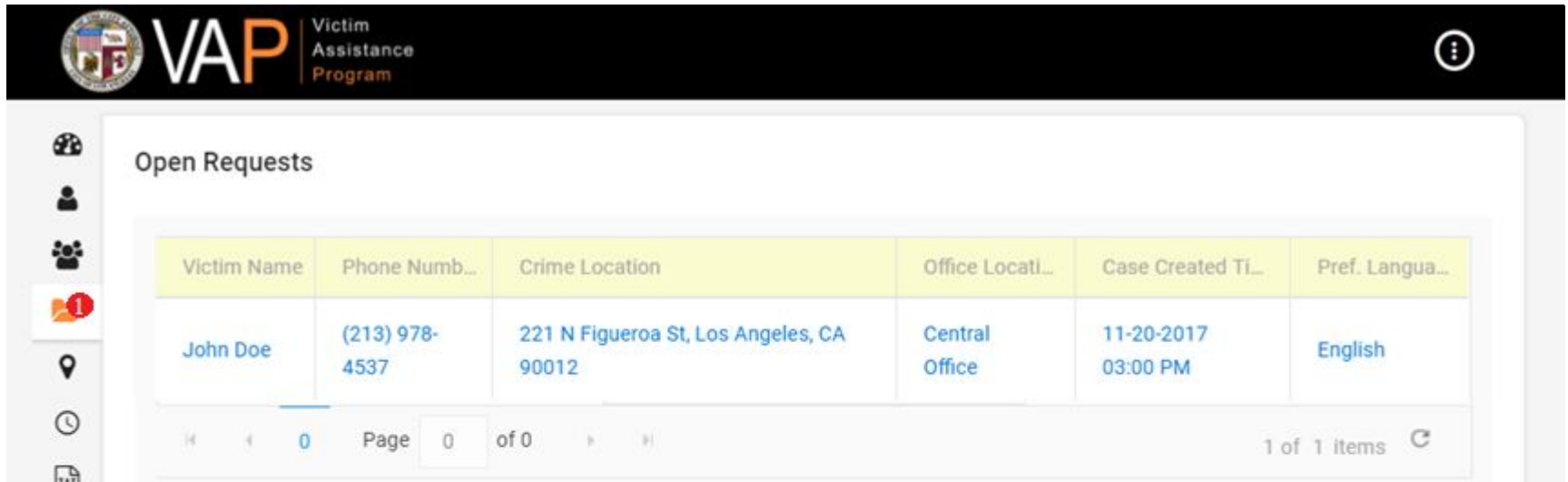
Cancel

← Personal / Crime Info

Review →

Crime victims will be able to select the location that is most convenient to receive assistance.

Open Request Inbox



Open Requests

Victim Name	Phone Num...	Crime Location	Office Locati...	Case Created Ti...	Pref. Langua...
John Doe	(213) 978-4537	221 N Figueroa St, Los Angeles, CA 90012	Central Office	11-20-2017 03:00 PM	English

Page 0 of 0 1 of 1 items

The request will appear immediately in the Victim Advocate's "Open Request" Inbox.

The Advocate will initiate contact with the crime victim as soon as the request is received.

The Case Management System features a powerful mapping tool that displays the crime victims we have assisted by location and type of crime

Crimes We Responded To



VAP Victim Assistance Program



VAP-Crime Map

The Crime Map can display crimes by a variety of filters

The screenshot displays the VAP-Crime Map interface. On the left is a vertical toolbar with icons for home, user profile, group, map, location pin, clock, document, and notification. The main map area shows a satellite view of a region with several red heart-shaped markers indicating crime locations. A search bar at the top left contains the text 'Enter a location'. A 'Filter By' panel is overlaid on the map, containing the following sections:

- Crime map layers:** Council Districts, Communities & Neighborhoods, Police Divisions, LAUSD Local Districts, LA County Board of Supervisor Districts, Public Health Service Planning Areas, State Assembly Districts, State Senate Districts.
- Type of crime:** A dropdown menu labeled 'Type of crime'.
- Other filters:** Race, Age, Gender, and Classification.

At the bottom right of the filter panel are 'Cancel' and 'Apply Filter' buttons. The map at the bottom shows labels for 'Topanga State Park', 'Hawthorne', and 'La Mirada'. A date range '17-11-22' is visible in the top right corner of the filter panel.

*An **ad hoc report** can also be generated to fit a variety of needs.*

*For example, a report on **all physical assaults that occurred in 77th Area LAPD's jurisdiction from any time frame** could be created and provided to city officials for reference to address problem areas.*

A REVOLUTIONARY smart phone app dedicated to
so present
services of crime victims by
providing Victim Assistance
program services and other
resources.

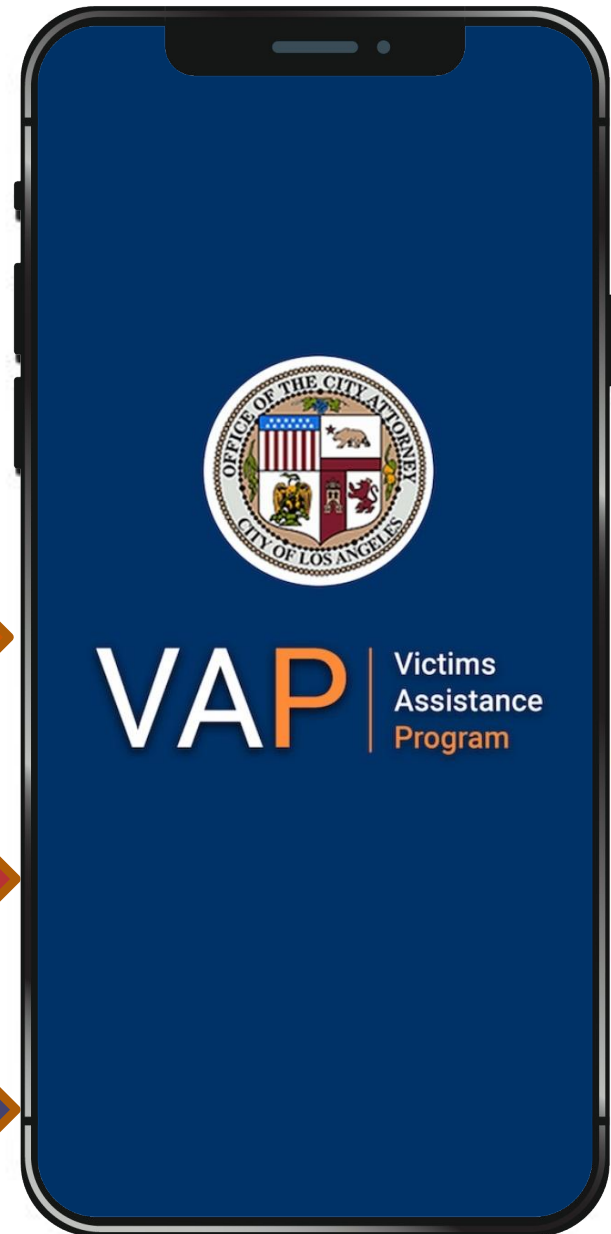


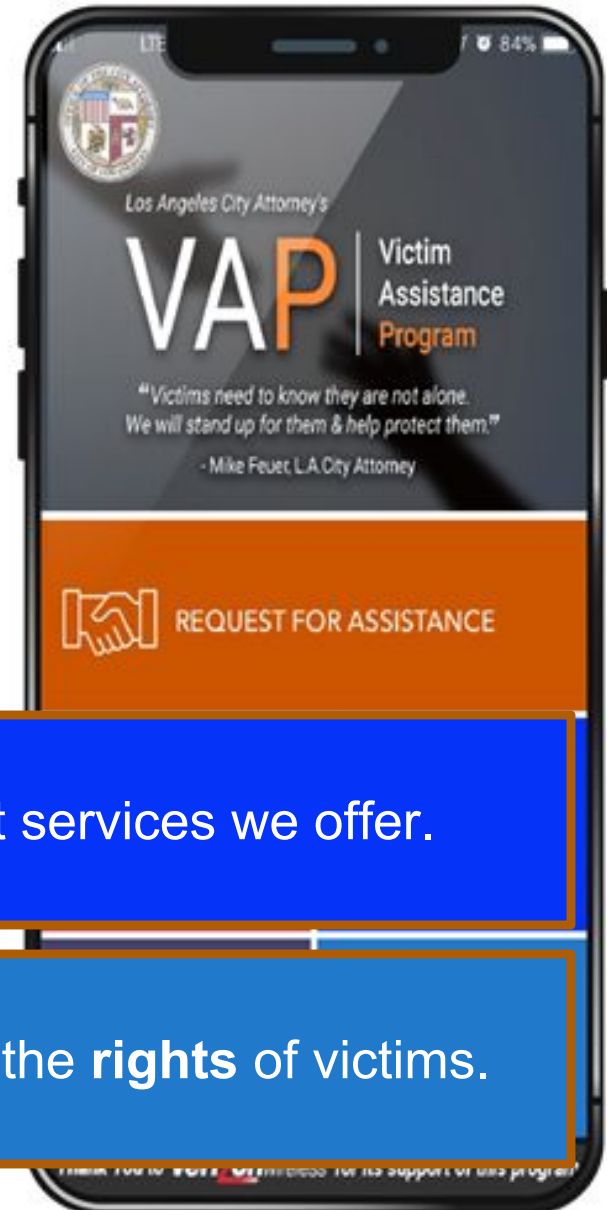
The *Victim Assistance* app provides simple and convenient access to Program services as well as additional resources and information.

Request assistance from an L.A. City Victim Advocate.

Find your nearest advocate in the City of Los Angeles.

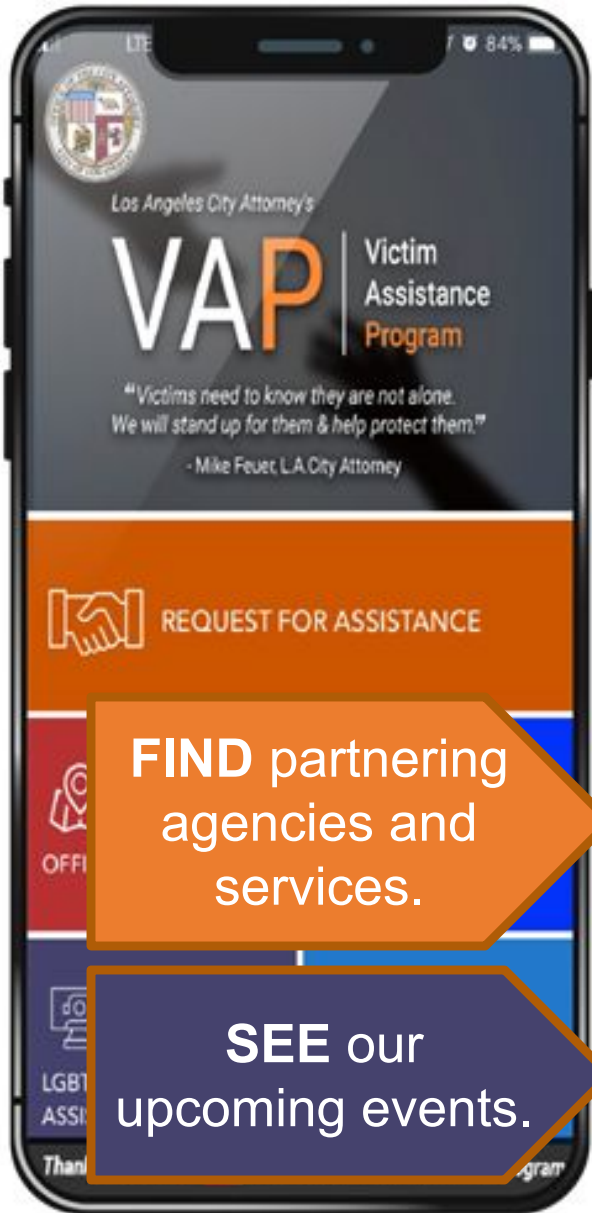
Find LGBTQ Victim Program details.

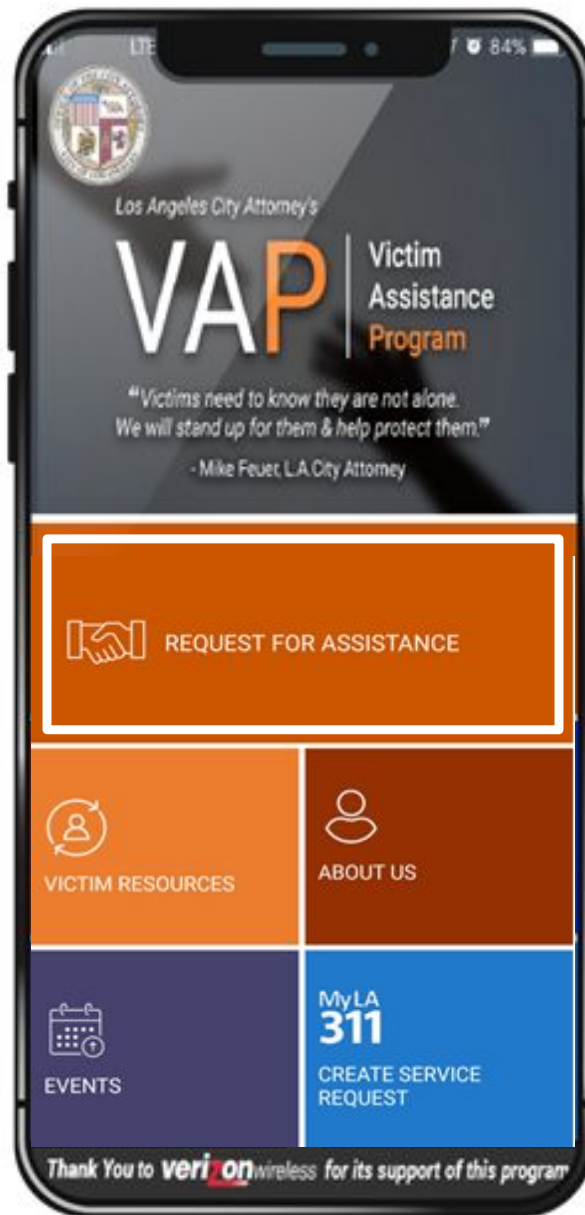




KNOW what services we offer.

LEARN about the **rights** of victims.







CONFIRMATION

You have successfully submitted your request

Confirmation Number : PICEN111700023

CREATE ANOTHER REQUEST

MAIN MENU

An email has been sent to an advocate who will contact you within 2 or 3 business days.

Additional information please call: (213) 978-4537



Victim Assistance



Available on the
App Store



Get it on
Google play

For more information go to:
www.helpacrimevictims.org



희생자

보조

Victim

희생자

قربانی

معاونت

희생자

Thank you!

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معاونت

Víctima

Assistance

աջակցություն

Víctima



VAP

Victim
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Program

Central Office
(213) 978-4537

www.helpLAcimevictims.org