

Colorado Crime Victim Service Directory

Program Information

Agency/Organization Name _____ Acronym _____

Department or other Agency Descriptor _____

Address (*information to be available on-line) _____

City _____ State _____ Zip _____

*If the above is a PO Box, would you like victims to call your office for your physical address? Yes No

Main Phone _____ Fax _____

Crisis/Hotline _____ Toll Free _____

TDD/TTY _____ Other _____

Email _____ Website _____

Days/Times of Operation _____

Description of Agency/Organization (select one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Community Based | <input type="checkbox"/> Police Department | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> District Attorney's Office | <input type="checkbox"/> Probation Department | <input type="checkbox"/> Other |
| <input type="checkbox"/> Military | <input type="checkbox"/> Sheriff's Office | |

Brief Description of Agency/Organization (100 words or less) _____

Eligibility Requirements (50 words or less) _____

Contact method preferred (ie walk-in, call for appointment, etc.) _____

Judicial District(s) Served (select as many as apply)

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 06 | <input type="checkbox"/> 11 | <input type="checkbox"/> 16 | <input type="checkbox"/> 21 |
| <input type="checkbox"/> 02 | <input type="checkbox"/> 07 | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 | <input type="checkbox"/> 22 |
| <input type="checkbox"/> 03 | <input type="checkbox"/> 08 | <input type="checkbox"/> 13 | <input type="checkbox"/> 18 | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> 04 | <input type="checkbox"/> 09 | <input type="checkbox"/> 14 | <input type="checkbox"/> 19 | |
| <input type="checkbox"/> 05 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 | <input type="checkbox"/> 20 | |

County(ies) Served (select as many as apply)

- | | | | | |
|--------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Crowley | <input type="checkbox"/> Hinsdale | <input type="checkbox"/> Moffat | <input type="checkbox"/> Saguache |
| <input type="checkbox"/> Alamosa | <input type="checkbox"/> Custer | <input type="checkbox"/> Huerfano | <input type="checkbox"/> Montezuma | <input type="checkbox"/> San Juan |
| <input type="checkbox"/> Arapahoe | <input type="checkbox"/> Delta | <input type="checkbox"/> Jackson | <input type="checkbox"/> Montrose | <input type="checkbox"/> San Miguel |
| <input type="checkbox"/> Archuleta | <input type="checkbox"/> Denver | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Morgan | <input type="checkbox"/> Sedgwick |
| <input type="checkbox"/> Baca | <input type="checkbox"/> Dolores | <input type="checkbox"/> Kiowa | <input type="checkbox"/> Otero | <input type="checkbox"/> Summit |
| <input type="checkbox"/> Bent | <input type="checkbox"/> Douglas | <input type="checkbox"/> Kit Carson | <input type="checkbox"/> Ouray | <input type="checkbox"/> Teller |
| <input type="checkbox"/> Boulder | <input type="checkbox"/> Eagle | <input type="checkbox"/> Lake | <input type="checkbox"/> Park | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Broomfield | <input type="checkbox"/> Elbert | <input type="checkbox"/> La Plata | <input type="checkbox"/> Phillips | <input type="checkbox"/> Weld |
| <input type="checkbox"/> Chaffee | <input type="checkbox"/> El Paso | <input type="checkbox"/> Larimer | <input type="checkbox"/> Pitkin | <input type="checkbox"/> Yuma |
| <input type="checkbox"/> Cheyenne | <input type="checkbox"/> Fremont | <input type="checkbox"/> Las Animas | <input type="checkbox"/> Prowers | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Clear Creek | <input type="checkbox"/> Garfield | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Pueblo | |
| <input type="checkbox"/> Conejos | <input type="checkbox"/> Gilpin | <input type="checkbox"/> Logan | <input type="checkbox"/> Rio Blanco | |
| <input type="checkbox"/> Conejos | <input type="checkbox"/> Grand | <input type="checkbox"/> Mesa | <input type="checkbox"/> Rio Grande | |
| <input type="checkbox"/> Costilla | <input type="checkbox"/> Gunnison | <input type="checkbox"/> Mineral | <input type="checkbox"/> Routt | |

Services Provided (select as many as apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> 24-Hour Crisis Line | <input type="checkbox"/> Education for other Agencies | <input type="checkbox"/> Restitution Assistance |
| <input type="checkbox"/> American Sign Language Interp. | <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Other Safe Housing/Shelter |
| <input type="checkbox"/> Asian Interpretation | <input type="checkbox"/> Employment | <input type="checkbox"/> Social Services Advocacy |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Spanish Interpretation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Housing | <input type="checkbox"/> Training and Technical Assistance |
| <input type="checkbox"/> Court/Trial Support | <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Crime Scene Response | <input type="checkbox"/> Legal Advocacy/Restraining Orders | <input type="checkbox"/> Victim Compensation Referral Assist |
| <input type="checkbox"/> Criminal Justice Advocacy | <input type="checkbox"/> Long-Term Crisis Intervention | <input type="checkbox"/> Victim Rights Assistance |
| <input type="checkbox"/> Domestic Violence (Shelter) | <input type="checkbox"/> Peer Support | |
| <input type="checkbox"/> Domestic Violence (Non-Shelter) | <input type="checkbox"/> Personal Advocacy | |

Victims Served (select as many as apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> All Crime Victims | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Families | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Homicide | <input type="checkbox"/> Specific Cultural or Ethnic Groups |
| <input type="checkbox"/> Children | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Sudden Death (SIDS/Suicides/etc.) |
| <input type="checkbox"/> Disabled (Physical/Hearing/Sight) | | <input type="checkbox"/> Other Crime Victims |

Languages Spoken (select as many as apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Kinya Rwanda | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Kirundi | <input type="checkbox"/> Others - Interpreter Available |
| <input type="checkbox"/> English | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> German | <input type="checkbox"/> Spanish | |

**The following information is for COVA's use only and will not appear on-line:

Contact Name _____ Title _____

Thank you so much for helping us keep our Colorado Crime Victim Services Directory up-to-date! If you have other changes/additions, please let us know ASAP so we can continue to provide adequate information to our Directory users.

Thank you for all that you do for crime victims!!

Please return to:

COVA
2460 W. 26th Ave., STE 255-C
Denver, CO 80211

800-261-2682 • 303-861-1160 • Fax: 303-861-1265

Email: info@coloradocrimevictims.org • Website: www.ColoradoCrimeVictims.org