



**PHILIP D. MURPHY**  
*Governor*

**TAHESHA L. WAY**  
*Lt. Governor*

**State of New Jersey**

**OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF VIOLENCE INTERVENTION AND VICTIM ASSISTANCE  
VICTIMS OF CRIME COMPENSATION OFFICE  
50 Park Place  
Newark, NJ 07102  
Telephone: (973) 648-2107 Fax: (973) 648-3937  
Website: www.njvictims.org Email: njvictims@njvictims.org**

**MATTHEW J. PLATKIN**  
*Attorney General*

**PATRICIA TEFFENHART**  
*Executive Director*

**MARY ELLEN BONSPER**  
*VCCO Director*

VICTIM'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

**SECTION I. Mental Health Treatment Proposal**

Proposed length of treatment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Date treatment began) (Estimated completion date)

Frequency of Treatment: \_\_\_\_\_ #of session per \_\_\_\_\_.

Are Sessions Individual or Group Sessions? \_\_\_\_\_.

Diagnosis of Record: Please list the criteria from the Diagnostic and Statistical Manual of Mental Disorders that the client currently meets.

**SECTION II. Mental Health Questionnaire**

1. Describe the claimant/victim's level of functioning prior to the crime, and indicate the source of information (i.e., client self report, previous clinical records). Utilize the GAF scale from Diagnostic and Statistical Manual of Mental Disorders if possible.

2. In your estimation, would the claimant/victim have been in need of mental health treatment or care if the crime had not occurred? If so, please explain.

3. What percent or proportion of the treatment you are providing is directly related to the crime? \_\_\_\_\_%.

4. Was the claimant disabled from working, due to the emotional impact of the crime?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

If, so give an estimated return to Work date\_\_\_\_\_.

Name of Counselor\_\_\_\_\_ Signature\_\_\_\_\_

License #\_\_\_\_\_ License Title\_\_\_\_\_ Expiration date\_\_\_\_\_

Date\_\_\_\_\_ Telephone #\_\_\_\_\_

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