

Sexual Assault Response Services of Southern Maine

Law Enforcement Accompaniment Hotline Form

Crisis Management Support Services Date Received: _____ (office use only)

Advocate: _____ Date: _____ AS Operator: _____

Time: _____ a.m. or p.m. Phone: _____ City: _____

Caller: _____ Victim/Survivor (if not caller): _____

Reason for Accompaniment _____

Victim/Survivor Information

Age Now: _____ Unknown: Child Adult Gender: Female Male Unknown Trans

Age at Assault: _____ Unknown: Child Adult Orientation: G/L Straight Unknown

Assault Information

Acquaintance Stranger Marital Incest Child
 Gang Acquaintance Gang Stranger Live-in Partner Ritual/Cult Abuse
 Harassment Stalking Unknown Other: _____

Is this the first report of this assault Victim of multiple assaults Victim of ongoing assault
 Were drugs or alcohol used to incapacitate the victim? Please specify _____
 Was perpetrator using drugs/alcohol/weapons? Please specify _____

Actions by Victim/Survivor

When was a police report made? this month this year prior to this year unknown
When were medical services received? this month this year prior to this year unknown
When was a DHS report made? this month this year prior to this year unknown
If multiple assaults, when? this month this year prior to this year unknown

Time Lapse Between Assault & Law Enforcement Intervention

Immediate (within 24 hrs) Within 1 week Within 1 month Within 6 months
 Within 1 year 1-5 years 5-10 years Over 10 years Other: _____

Prior Agency Interventions (Specify location/person)

Medical Services _____ Law Enforcement _____
 Legal Services _____ DHS Referral _____
 Other _____

Case Results (Does not have to have happened this month)

Police Report Indictment Conviction Protection Order Arrest
 Dismissal Arraignment Other: _____

Law Enforcement Accompaniment:

Location _____

Advocate Time spent with on-site Contacts:

Total 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 Other _____
Victim 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 Other _____
Officer 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 Other _____
Detective 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 Other _____
Concerned Other 1.0 1.5 2.0 2.5 3.0 3.5 4.0 Other _____
Concerned Other 1.0 1.5 2.0 2.5 3.0 3.5 4.0 Other _____

Brief Summary _____

Victim/Survivor Feedback

Did the victim/survivor state that you helped her/him? Yes No Unknown

Is the caller interested in being placed on a list for support groups? Yes No

Did you inform them of how the SART Advocate role? Yes No

Would the victim/survivor like literature sent in a plain brown envelope? Yes No

Name: _____

Address: _____

City, State, Zip: _____

Type of Literature: _____

Who did you pass this along to at the office? _____ Completed

Would they like a follow-up call? Yes No

What date/time? _____

Who did you pass this along to at the office? _____ Completed

Please return by the 3rd of the month to: SARS, P.O. Box 1371 Portland, ME 04104