

# OFFICE OF THE PROSECUTOR COUNTY OF CAPE MAY

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As a victim of a crime, the Cape May County Office of Victim Witness Advocacy is available for you and can help as you as navigate the loss and inconvenience suffered as a result of this crime. We are here to ensure that you are treated with fairness, compassion and respect.

If you feel as though you need immediate support or counseling services, please contact the Coalition Against Rape and Abuse (C.A.R.A.) at 609-522-6489 or Toll Free 1-877-294-2272. You can also visit their website [www.cara-cmc.org](http://www.cara-cmc.org). This is a free and confidential service.

There are Protection Orders available for you. A Sexual Assault Survivors Protection Order (S.A.S.P.A) can be filed in Family Division of the Superior Court. The Cape May County Family Division can be reached at 609-402-0100 extension 47710 or [cmpdv.mbx@njcourts.gov](mailto:cmpdv.mbx@njcourts.gov).

A Nicole's Law (Sexual Offense Restraining Order-S.O.R.O) may have been filed on your behalf if criminal charges have been filed. This is a court order that is entered as a condition of bail or upon conviction of the Defendant for certain sex offenses.

The New Jersey Victims of Crime Compensation Office (VCCO) can reimburse innocent victims of a crime for some of the expenses that could incur as a result of this crime. Contact them at 1-877-658-2221 or [www.njvictims.org](http://www.njvictims.org).

Should you have any questions, concerns, or would like further information, please feel free to contact our office at 609-465-1135 extension 3443 or [capemayvw@cmcpros.net](mailto:capemayvw@cmcpros.net).

Como víctima de un delito, la Oficina de Defensa de Testigos de Víctimas del Condado de Cape May está disponible para usted y puede ayudarlo a navegar por la pérdida y las molestias sufridas como resultado de este delito. Estamos aquí para asegurarnos de que usted sea tratado con justicia, compasión y respeto.

Si siente que necesita apoyo inmediato o servicios de asesoramiento, comuníquese con la Coalición contra la Violación y el Abuso (C.A.R.A.) al 609-522-6489 o al número gratuito 1-877-294-2272. También puede visitar su sitio web [www.cara-cmc.org](http://www.cara-cmc.org). Este es un servicio gratuito y confidencial.

Hay órdenes de protección disponibles para usted. Una Orden de Protección de Sobrevivientes de Agresión Sexual (S.A.S.P.A) se puede presentar en la División de Familia de la Corte Superior. La División familiar del Condado de Cape May se puede comunicar al 609-402-0100 extensión 47710 o [cmpdv.mbx@njcourts.gov](mailto:cmpdv.mbx@njcourts.gov).

Una Ley de Nicole (Orden de Restricción de Delitos Sexuales-S.O.R.O) puede haber sido presentada en su nombre si se han presentado cargos criminales. Esta es una orden judicial que se introduce como condición de fianza o tras la condena del Demandado por ciertos delitos sexuales.

La Oficina de Compensación para Víctimas del Crimen de Nueva Jersey (VCCO, por sus) puede reembolsar a las víctimas inocentes de un delito por algunos de los gastos en los que podría incurrir como resultado de este delito. Póngase en contacto con ellos al 1-877-658-2221 o [www.njvictims.org](http://www.njvictims.org).

Si tiene alguna pregunta, inquietud o desea obtener más información, no dude en ponerse en contacto con nuestra oficina al 609-465-1135 extensión 3443 o [capemayvw@cmcpros.net](mailto:capemayvw@cmcpros.net).

Sincerely/Sinceramente,

*Kim Newton-Fulk*

Kimberly A. Newton-Fulk  
Victim Witness Coordinator/Coordinador de Testigos de Víctimas

# Sexual Assault Victim's Bill of Rights

N.J. Stat. Ann. § 52:4B-60.1 et seq.

## In New Jersey, victims of sexual violence are afforded the following rights:

- (1) To have any allegation of sexual assault treated seriously; to be treated with dignity and compassion; and to be notified of existing medical, counseling, mental health, or other services available for victims of sexual assault, whether or not the crime is reported to law enforcement;
- (2) To be free, to the extent consistent with the New Jersey or United States Constitution, from any suggestion that victims are responsible for the commission of crimes against them or any suggestion that victims were contributorily negligent or assumed the risk of being assaulted;
- (3) To be free from any suggestion that victims are to report the crimes to be assured of any other guaranteed right and that victims should refrain from reporting crimes in order to avoid unwanted personal publicity;
- (4) When applicable, to no-cost access to the services of a sexual assault response team comprised of: a certified forensic nurse examiner, a confidential sexual violence advocate, and a law enforcement official as provided in accordance with the Attorney General's Standards for Providing Services to Victims of Sexual Assault, and the choice to opt into or out of any of the team's services;
- (5) To be informed of, and assisted in exercising, the right to be confidentially or anonymously tested for acquired immune deficiency syndrome (AIDS) or infection with the human immunodeficiency virus (HIV) or any other related virus identified as a probable causative agent of AIDS; and to be informed of, and assisted in exercising, any rights that may be provided by law to compel and disclose the results of testing of a sexual assault suspect for communicable diseases;
- (6) To have forensic medical evidence, if collected, retained for a minimum of five years, and to receive information about the status of the evidence upon request;
- (7) To choose whether to participate in any investigation of the assault;
- (8) To reasonable efforts to provide treatment and interviews in a language in which the victim is fluent and the right to be given access to appropriate assistive devices to accommodate disabilities that the victim may have, whether temporary or long term;
- (9) To information and assistance in accessing specialized mental health services; protection from further violence; other appropriate community or governmental services, including services provided by the Victims of Crime Compensation Office; and all other assistance available to crime victims under current law;
- (10) To be apprised of the availability and process by which a court may order the taking of testimony from a victim via closed circuit television in accordance with section 1 of P.L.1985, c.126 (C.2A:84A-32.4); and
- (11) To be apprised of the availability and process by which to seek protections through a temporary or final protective order under the "Sexual Assault Survivor Protection Act of 2015," P.L.2015, c.147 (C.2C:14-13 et seq.), if the victim believes that the victim is at risk for re-victimization or further harm by the perpetrator.



# Declaración de Derechos de La Víctima de Agresión Sexual

N.J. Stat. Ann. § 52:4B-60.1 et seq.

En Nueva Jersey a las víctimas de violencia sexual se les otorgan los siguientes derechos:

- (1) Que toda denuncia de agresión sexual sea tratada con seriedad; ser tratada/o con dignidad y compasión; y de ser notificada/o de servicios disponibles ya sean médicos, de consejería y asesoramiento, de salud mental, o de otros tipos disponibles para las víctimas de agresión sexual ya sea que se haya reportada el delito a las agencias del orden público o no.
- (2) De estar libres, en la medida compatible con la Constitución de Nueva Jersey o de Los Estados Unidos, de cualquier inferencia que las víctimas son las responsables por los delitos que se cometen en su contra o de alguna inferencia que las víctimas contribuyeron al delito por su negligencia o que asumido el riesgo de ser agredidas/os.
- (3) De estar libres de cualquier inferencia que las víctimas deben reportar los delitos para que se les asegure algún otro derecho garantizado y que las víctimas deben evitar reportar los delitos para evitar publicidad personal no deseada.
- (4) Cuando aplique, al acceso sin costo a los servicios de un equipo de respuesta a la agresión sexual comprendido por una enfermera examinadora forense certificada, un asesor confidencial de violencia sexual, y un oficial del orden público como lo indican los Estándares de la Oficina del Fiscal General para proveer servicios a las Víctimas de Agresión Sexual, y de tener la opción de participar o no con los servicios que provee el equipo y que usted escoja.
- (5) De que se le informe y que se le ayude a ejercer su derecho a obtener pruebas confidenciales para detectar el Síndrome de Inmunodeficiencia Adquirida (SIDA) o la infección con el Virus de Inmunodeficiencia Humana (VIH) o de cualquier otro virus relacionado e identificado como probable agente causante del SIDA; y de permanecer informada/o y recibir asistencia al ejercer cualquier derecho que le otorgue la ley para requerir y divulgar los resultados de pruebas que se le hayan hecho a un sospechoso de agresión sexual para detectar enfermedades transmisibles;
- (6) Que se guarden los resultados de las pruebas médicas forenses, si es que se han colectado, por un mínimo de cinco años, y de recibir información sobre la condición/estatus de las evidencias cuando la solicite.
- (7) Decidir si participar o no en la investigación de la agresión.
- (8) Que se hagan esfuerzos razonables para proveer tratamiento y entrevistas en el idioma en el que la víctima hable con fluidez y dar acceso a dispositivos de asistencia adecuados en relación a cualquier incapacidad que pueda tener la víctima ya sea temporal o a largo plazo;
- (9) A tener información y ayuda para poder tener acceso a servicios especializados de salud mental; a protección contra nuevos actos de violencia; a otros servicios apropiados ya sean comunitarios o gubernamentales, incluyendo los servicios proveídos por la Oficina de Compensación para Víctimas del Crimen; y toda otra ayuda disponible a víctimas de delitos conforme a las leyes vigentes.
- (10) De ser informada/o de la disponibilidad y el proceso por el cual un tribunal puede ordenar testimonio de una víctima a través de circuito cerrado de televisión conforme a la sección 1 de P.L. 1985, c.126 (C.2A:84A-32.4); y
- (11) De ser informada/o sobre la disponibilidad y el proceso para solicitar protección mediante una orden de alejamiento temporal o permanente conforme a “la Ley de protección a sobrevivientes de agresiones sexuales del 2015,” P.L.2015, c.147 (C.2C:14-13 et seq.), si la víctima cree que corre el riesgo de ser víctima de nuevo o de daño adicional por parte del autor.

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CRIMINAL JUSTICE





## The County Prosecutor's Office of Victim-Witness Advocacy

In each of the 21 county prosecutors' offices there is a county office of victim-witness advocacy. The job of each office is to help crime victims and to make sure all of the victim's rights are met. These offices are staffed with trained professionals who are victim-witness advocates.

## Criminal Justice Orientation and Information

Victim-witness counselors of the county office of victim-witness advocacy will explain the criminal justice system so that victims will know what will happen and when. If asked, victim-witness counselors can take a victim to the courtroom before the trial or grand jury hearing to explain exactly what will happen.

## Victim Information and Impact Form

You will have several chances to tell the assistant prosecutor and the judge about how the crime affected you. The county office of victim-witness advocacy will send you a victim information and impact form with the initial contact letter and at other times during the prosecution. County office staff can help you fill out the form and prepare both oral and written statements.

## Counseling and Support Services

The county office of victim-witness advocacy staff are trained to help you deal with the initial shock of the crime and the difficult emotional times afterward. If you feel that you would like to talk to someone on a regular basis, the staff can help you find a mental health counselor who may or may not charge you for services. Several county programs sponsor support groups for sexual assault victims and homicide survivors. Office staff can also assist victims to find a battered women's shelter or obtain food and clothing.

## State Office of Victim-Witness Advocacy

The mission of the State Office of Victim-Witness Advocacy is to support and expand victim-witness services across the state along with the law enforcement community. The goal of this program is to provide victims and witnesses with services that will help them cope with the aftermath of victimization and help make their participation in the system less difficult and burdensome. The state office works closely with the county offices and provides funding for many of their programs from federal and state funds.

## New Jersey Victims of Crime Compensation Board

The New Jersey Victims of Crime Compensation Board (VCCB) may help ease the financial burden faced by crime victims. Services covered by the VCCB include: benefits for mental health counseling, medical bills, loss of earnings, funeral expenses (up to \$5000), crime scene clean-up, relocation expenses, child care/day care services, Victims' rights attorney fees, domestic help, and other victim services related to crimes. For further information on filing procedure time requirement and benefit restrictions, please call 1-877-658-2221 or go to the website @ [www.njvictims.org](http://www.njvictims.org)

## State Office of Victim-Witness Advocacy

NJ Division of Criminal Justice  
P.O. Box 094

Trenton, New Jersey 08625-0094  
(609) 292-6766

[victimassistance@dcj.lps.state.nj.us](mailto:victimassistance@dcj.lps.state.nj.us)



Office of the Attorney General  
Department of Law & Public Safety

NJ Division of Criminal Justice  
[njdcj.org](http://njdcj.org)

# Crime Victims Bill of Rights

N.J.S. 52-4B-36

New Jersey Division of  
Criminal Justice  
Office of Victim-Witness  
Advocacy

# Your Rights as a Victim of Crime

This brochure provides basic information on your rights as a victim of crime in New Jersey. Most of the services described are available to you through the county offices of victim-witness advocacy and the Victims of Crime Compensation Board. All of the services detailed within are available to victims of adult offenders. Victims of juvenile offenders have different rights and can get information from your county victim-witness office. For more information please contact the State Office of Victim-Witness Advocacy at 609-896-8855 or visit our website at [www.njvw.org](http://www.njvw.org).

## The Constitutional Amendment Article One - Paragraph 22, NJ Constitution

The New Jersey State Constitution includes guaranteed rights for crime victims, as follows:

A victim of crime shall be treated with fairness, compassion and respect by the criminal justice system. A victim of a crime shall not be denied the right to be present at public judicial proceeding except when, prior to completing testimony as a witness, the victim is properly sequestered in accordance with law or the Rule Governing the Courts of the State of New Jersey. A victim of a crime shall be entitled to those rights and remedies as may be provided by the Legislature.

## Crime Victims Bill of Rights N.J.S. 52-4B-36

Crime victims are entitled to the following certain basic rights:

- wTo be treated with dignity and compassion by the criminal justice system.
- wTo be informed about the criminal justice process.
- wTo be free from intimidation.
- wTo have inconveniences associated with participation in the criminal justice process minimized to the fullest extent possible.
- wTo make at least one telephone call from the police station provided the call is reasonable in both length and location called.
- wTo medical assistance if, in the judgment of the law enforcement agency, medical assistance appears necessary.
- wTo be notified if presence in court is not needed.
- wTo be informed about available remedies, financial assistance and social services.
- wTo be compensated for their loss whenever possible.
- wTo be provided a secure, but not necessarily separate, waiting area during court proceedings.
- wTo be advised of case progress and final disposition.
- wTo the prompt return of property when no longer needed as evidence.
- wTo submit a written statement about the impact of the crime to a representative of the county prosecutor's office which shall be considered prior to the prosecutor's final decision concerning whether formal criminal charges will be filed; and
- wTo make, prior to sentencing, an in-person statement directly to the sentencing court concerning the impact of the crime. This statement is to be made in addition to the statement permitted for inclusion in the persistence report.



## How to File a New Jersey Sexual Assault Survivor Protection Act (SASPA) Complaint Superior Court of New Jersey - Chancery Division - Family Part

**\*\*Please be advised this packet is intended to only be used during the COVID-19 crisis.\*\***

### Who Should Use This Packet?

This packet should only be used the **first time** you file for a Sexual Assault Survivor Protective Order.

#### **Use this packet if you are:**

A victim of nonconsensual sexual contact, sexual penetration, or lewdness, (see definitions on page 3) or any attempt at such conduct, and who does **not** meet the definition of a “domestic violence victim” in the Prevention of Domestic Violence Act (PDVA).

- A victim's parent or guardian may file on behalf of the victim in any case in which the victim:
  - is less than 18 years of age; or
  - has a developmental disability or a mental disease or defect that renders the victim temporarily or permanently incapable of understanding the nature of the victim’s conduct, including, but not limited to, being incapable of providing consent

#### **Do NOT use this packet if:**

- You meet the definition of a “victim” under the PDVA - N.J.S.A. 2C:25-19 (d)(a) which is as follows:
  - A person protected by the PDVA includes any person:
    - **Who** is 18 years of age or older, **or** who is an emancipated minor, and who has been subjected to domestic violence by:
      - ❖ Spouse
      - ❖ Former spouse
      - ❖ Any other person who is a present household member or was at any time a household member, or
    - **Who, regardless of age**, has been subjected to domestic violence by a person:
      - ❖ With whom the victim has a child in common, or
      - ❖ With whom the victim anticipates having a child in common, if one of the parties is pregnant, or has been subjected to domestic violence by a person with whom the victim has had a dating relationship.

**NOTE:** If you are a victim of domestic violence and want to file for a domestic violence restraining order, please contact your local law enforcement agency.

- If you are filing on behalf of a minor child and the person you are filing against is a parent or guardian of the minor child, you cannot file under the Sexual Assault Survivor Protection Act. You must call the Division of Permanency and Protection at: 1-877 NJ ABUSE (1-877-652-2873); TTY/TDD 1-800-835-5510

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and forms will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the forms will be available at the county courthouse or on the Judiciary’s Internet site [njcourts.gov](http://njcourts.gov). However, you are ultimately responsible for the content of your court papers.

**Completed forms are to be submitted to your local Family Division. A list of Family Division Offices can be found on [njcourts.gov](http://njcourts.gov)**

# Things to Think About Before You Represent Yourself in Court

## Try to Get a Lawyer

The law, the proofs necessary to present your case, and the procedural rules governing cases in the Family Division are complex. It is recommended that you make every effort to obtain the assistance of a lawyer. If you cannot afford a lawyer, you may contact the legal services program in your county to see if you qualify for free legal services. Their telephone number can be found online under “Legal Aid” or “[Legal Services](#).”

If you do not qualify for free legal services and need help in locating an attorney, you can contact the bar association in your county. The telephone number can also be found in your local yellow pages. Most county bar associations have a [Lawyer Referral Service](#).

The County Bar Lawyer Referral Service can supply you with the names of attorneys in your area willing to handle your particular type of case and will sometimes consult with you at a reduced fee.

There are a variety of organizations of minority lawyers throughout New Jersey, as well as organizations of lawyers who handle specialized types of cases. Ask the Family court staff in your county for a list of lawyer referral services that include these organizations.

## What You Should Expect If You Represent Yourself

While you have the right to represent yourself in court, you should not expect special treatment, help or attention from the court. The following is a list of some things court staff can and cannot do for you. Please read it carefully before asking court staff for help.

- We *can* explain and answer questions about how the court works.
- We *can* tell you what the requirements are to have your case considered by the court.
- We *can* give you some information from your case file.
- We *can* provide you with samples of court forms that are available.
- We *can* provide you with guidance on how to fill out forms.
- We *can* usually answer questions about court deadlines.
- We *cannot* give you legal advice. Only your lawyer can give you legal advice.
- We *cannot* tell you whether or not you should bring your case to court.
- We *cannot* give you an opinion about what will happen if you bring your case to court.
- We *cannot* recommend a lawyer, but we can provide you with the telephone number of a local lawyer referral service.
- We *cannot* talk to the judge for you about what will happen in your case.
- We *cannot* let you talk to the judge outside of court.
- We *cannot* change an order issued by a judge.

## Keep Copies of All Papers

Make and keep copies for yourself, written agreements, Case Information Statements, and other important papers that relate to your case

## Definitions of Court Terms Used in SASPA Cases

**Certification** - A *certification* is a written statement made to the court when you file papers with the court, swearing that the information contained in the filed papers is true subject to penalty if any statement is willfully false.

**Complaint** - A *complaint* is a formal document filed in court that starts a case. It typically includes the names of the parties and the issues you are asking the court to decide.

**Court Order** - A *court order* is the written decision issued by a court of law. For example, a child support court order sets forth how often, how much, and what kind of support is to be paid.

**Defendant** - the party sued in a civil lawsuit or the party charged with a crime in a criminal prosecution. In some types of cases (such as divorce) a defendant may be called a respondent.

**Docket Number** - The *docket number* is the identifying number assigned to every case filed in the court.

**File** - To *file* means to give the appropriate forms to the court to begin the court's consideration of your request.

**Intimate Parts** - Means the following body parts: sexual organs, genital area, anal area, inner thigh, groin, buttock, or breast of a person.

**Lewdness** - Means the exposing of the genitals for the purpose of arousing or gratifying the sexual of the actor.

**Party** - A *party* is a person, business, or governmental agency involved in a court action.

**Petitioner** - *Petitioner* is another name for the person starting the court action by filing the appropriate papers the court will consider.

**Respondent** - *Respondent* is the person who is named as the other party in the court action filed by the petitioner. This person can respond to the complaint or application filed by the petitioner by filing a cross application or written response with the court.

**Sexual Conduct** - Means an intentional touching by the victim or actor, either directly or through clothing, of the victim's or actor's intimate parts for the purpose of degrading or humiliating the victim or sexually arousing or sexually gratifying the actor.

**Sexual Penetration** - Means vaginal intercourse, cunnilingus, fellatio, or anal intercourse between persons or insertion of the hand, finger, or object into the anus or vagina either by the actor or upon the actor's instruction.



The numbered steps listed below tell you what forms you will need to fill out and what to do with them. Each form should be typed or printed clearly on 8 ½ “x 11” white paper only. Forms cannot be filed on a different size or color paper. Use only the forms included in this packet. Be sure to keep a copy for your records.

## **Steps for Filing a Complaint**

### **STEP 1: Fill out the Intake Form (Form A)**

The Intake form provides your and/or the minor child’s demographic information. This information will be kept confidential and will not be shared with the defendant.

### **STEP 2: Fill out the *Verified Complaint* (Form B)**

The *Verified Complaint* is a written request in which you ask the court to establish a court order on your behalf or on a minor child’s behalf. The court will establish an order based on testimony of the parties and written documentation submitted.

### **STEP 3: Additional Information Sheet (FORM C)**

This form is provided if you need additional space to type the details of the incident for which you are filing for a protective order.

### **STEP 4: Provide the court with the most recent address of the other party**

If the court grants a temporary order of protection, the court will send a Notice to Appear to the plaintiff and the defendant and any attorney(s) connected to your case when the case is scheduled for a final hearing. Your appearance is **mandatory**.

**Note:** The other party will receive copies of all the papers you attach (except for the Intake Form) to your complaint with the Notice to Appear, unless court rules prohibit this information from being shared.

You must provide the court with the most current address (that you know of) for the other party and the name of their attorney (if you know it) when you file your complaint.

### **STEP 5: Check your completed forms and make copies**

Check your forms and make sure they are complete. Remove all instruction sheets. Make sure you have signed all the forms wherever necessary.

### **STEP 6: Submit your completed paperwork**

Submit your completed packet through the Judiciary Electronic Document System (JEDS). You may find the link to JEDS here <https://www.njcourts.gov/selfhelp/jeds.html>. In JEDS please select the county where you would like to file your application. You may file your complaint in the county where the conduct or attempted conduct occurred, where the defendant resides, or where you reside or are sheltered.

### **NOTE:**

These applications may only be filed in the Family Division of the Superior Court during normal business hours.

These applications may only be taken at the Superior Court and are not to be accepted at Municipal Courts and/or police departments.

All courthouse addresses can be found on [njcourts.gov](http://njcourts.gov).

## Instructions for Completing the SASPA Intake Form (Form A)

1. Part I of the SASPA Intake form is for the Plaintiff/Victim information. If you are the victim, enter your own information or if you are a parent or guardian enter the minor child's information for the following fields:
  - a. Name
  - b. Social security number
  - c. Date of birth
  - d. Address
  - e. Telephone number
  - f. Cell phone number
  - g. Email Address
  - h. Employer name
  - i. Employer address
  - j. Employer telephone number
  - k. Emergency Contact
  - l. Emergency Contact telephone number
  
2. If you are filing on behalf of a minor child, enter complete the following fields on the second portion of the intake form under Parent/Guardian section.
  - a. Name
  - b. Relation to the child
  - c. Social security number
  - d. Date of birth
  - e. Address
  - f. Telephone number
  - g. Cell phone number
  - h. Email Address
  - i. Employer name
  - j. Employer address
  - k. Employer telephone number

**NOTE:** The Intake Form (FORM A) will be kept confidential and will not be given to the other party/defendant.

## Instructions for Completing a Verified Complaint (Form B)

- A. Leave the *Docket Number* blank. The court will provide this number for you.
- B. On the right side of the form, enter the *County* where you are filing the application.
- C. Enter your name or the minor's name, if you are filing a complaint on the behalf of a minor child, in the space marked "*Plaintiff/Victim*".
- D. If you are filing on behalf of a minor child, enter your name in the space marked "*Plaintiff/Parent/Guardian*".
- E. Enter your date of birth or the minor's date of birth in the space marked "*Plaintiff/Victim's Date of Birth*".
- F. Enter your date of birth if you are filing on behalf of a minor child in the space marked "*Plaintiff/Parent/Guardian Date of Birth*".
- G. On the right side of the form, enter the defendant's description if known in the following fields:
  - a. Defendant's sex
  - b. Defendant's race
  - c. Defendant's date of birth
  - d. Defendant's height
  - e. Defendant's weight
  - f. Defendant's eye color
  - g. Defendant's hair color
  - h. Any distinguishing features that the defendant may have such as scars, tattoos, facial hair etc.
  - i. Defendant's driver's license number and the state it was issued if known.
- H. Enter the Defendant's name in the space marked "*Defendant Information: Name:*".
- I. Enter the Defendant's "*home and cell phone number*", "*work phone number*", "*social security number*" "*e-mail address*" and "*home and work address*" in the appropriately marked spaces on the form.
- J. Enter the date the defendant committed the act in the space marked "*ON (Date)*".
- K. Enter the time the defendant committed the act in the space marked "*AT (Time)*".
- L. Enter the details of the act(s) the defendant committed in the space marked "*BY (Details)*". You can continue to use as many lines as necessary to state the exact details of the act(s) the defendant committed against you or minor child.
- M. Check off the act or acts the defendant committed: "*Sexual Contact, Sexual Penetration, Lewdness*". See definitions of each act in the definitions section of this packet.
- N. Answer "*Yes*" or "*No*" on Question 1 regarding prior or pending court proceedings involving yourself, if

you are the plaintiff/victim, or the minor plaintiff/victim, and the defendant in this complaint. If you select “Yes”, enter the title of the case, the docket number and the county and state where the case is being heard.

- O. Answer “Yes” or “No” on Question 2 regarding whether a criminal complaint has been filed in this matter. If you select “Yes”, enter the date, docket number and the county and state where the case is being.
- P. The form must have the signature of the party filing the complaint. If you cannot scan a signed copy of this document, please type your name in the signature line.



New Jersey Judiciary

# Sexual Assault Survivors Protection Act (SASPA) Intake Form

To assure accuracy of court records – To be filled out by the Plaintiff or Attorney  
**Confidentiality of this information must be maintained**

Please complete the entire form, leaving no blank spaces. If something does not apply to you, enter "N/A". This form is confidential and will not be shared with the other party.

### I. Victim Information

Name: Last		First	Middle Initial	
Social Security Number		Date of Birth		
Address: Street		City	State	Zip Code
Telephone Number		Cell Phone Number		
Email Address				
Employer Name				
Employer Address: Street		City	State	Zip Code
Employer Telephone Number				
Emergency Contact Name			Emergency Contact Telephone Number	

### II. Parent/Guardian Information

Name: Last		First	Middle Initial	
Relation to the Child		Social Security Number	Date of Birth	
Address: Street		City	State	Zip Code
Telephone Number		Cell Phone Number		
Email Address				
Employer Name				
Employer Address: Street		City	State	Zip Code
Employer Telephone Number				
Emergency Contact Name			Emergency Contact Telephone Number	

### III. Hearing Information

Will an interpreter be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate language: _____		
Will an accommodation for a disability be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate requested accommodation: _____		



**New Jersey Sexual Assault Survivor Protection Act Complaint** \_\_\_\_\_ County, Superior Court,

Docket Number <b>FV -</b>			Chancery Division, Family Part		
Plaintiff/Victim		Plaintiff/Victim's Date of Birth		Defendant's Sex	Defendant's Race
Plaintiff/Parent/Guardian of Minor Plaintiff/Victim			Date of Birth	Height	Weight
Plaintiff/Parent/Guardian of Minor Plaintiff/Victim Date of Birth			Eye Color	Hair Color	
<b>Defendant Information:</b> Name			Distinguishing Features (Scars, Facial Hair, Etc.)		
Home Phone Number	Work Phone Number	Defendant's Social Security Number			
Cell Phone Number:	Email Address:				
Home Address			Driver's License Number		
Work Address			State	Driver's License Expiration Date	

Home Address

Work Address

The undersigned complains that said defendant did commit the following act(s):

ON (Date)	AT (Time)	BY (Details)

The above constitute(s) the following criminal offenses(s): (Check all applicable boxes – see page 3 of instructions ):

Sexual Contact                       Sexual Penetration                       Lewdness  
 Attempted Sexual Contact                       Attempted Sexual Penetration                       Attempted Lewdness

1. Any prior or pending court proceedings involving this plaintiff/victim and defendant? (If Yes, enter docket number, court, county, state)                       Yes                       No

2. Has a criminal complaint been filed in this matter? (If Yes, enter date, docket number, court, county, state)                       Yes                       No

If yes, was a Restraining Order granted?                       Yes                       No

**Certification by Parent/Guardian**

I, \_\_\_\_\_ am the parent or legal guardian of minor victim, \_\_\_\_\_ and am filing this complaint on their behalf. The minor victim is not present for the following reason(s):

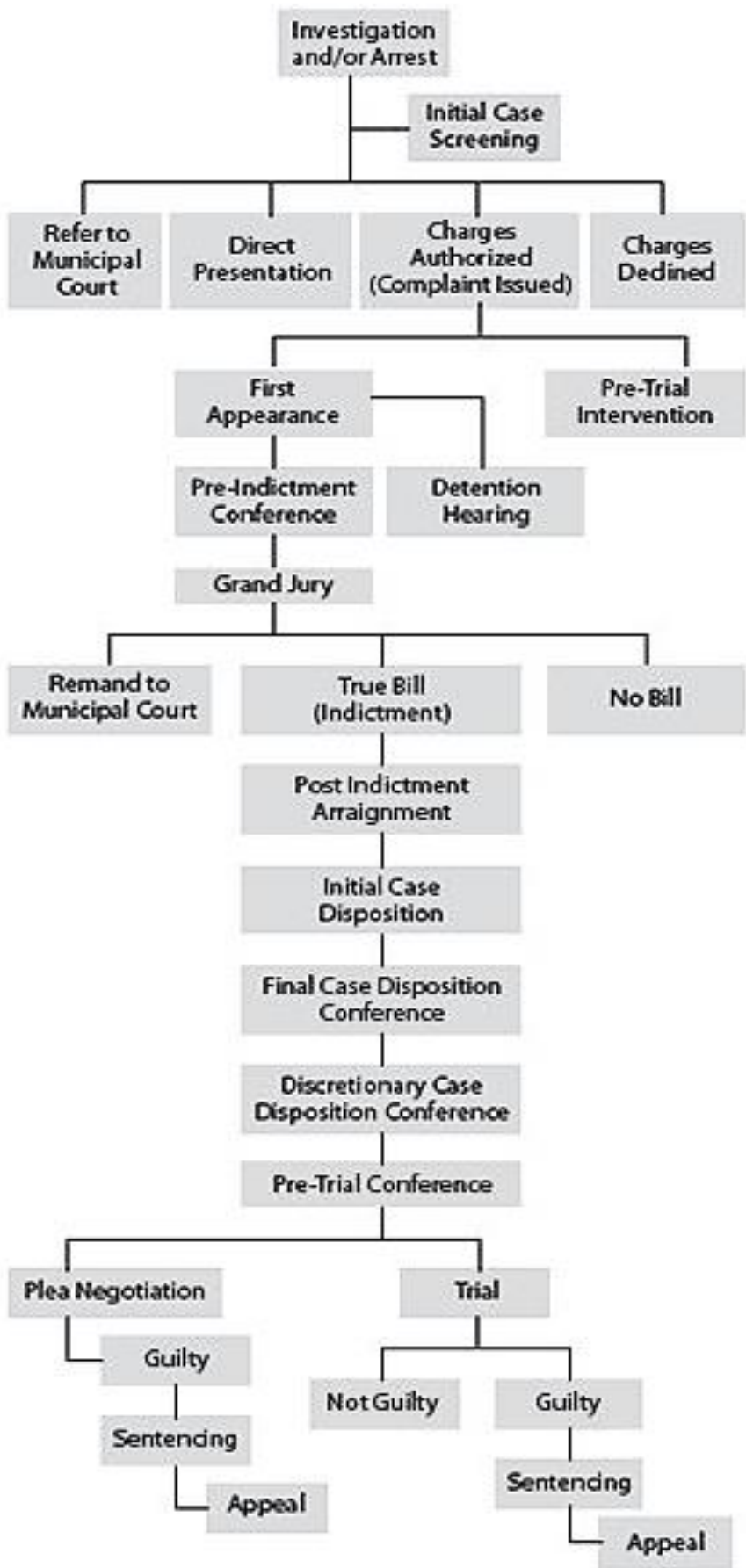
**Certification by Plaintiff/Victim**

I certify that the foregoing responses made by me are true. I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.

\_\_\_\_\_ Date                      \_\_\_\_\_ Signature



# The Criminal Case Process





**caring**  
**support**  
**help**  
**dignity**  
**respect**

**NEW JERSEY**  
**VICTIMS OF CRIME**  
**COMPENSATION OFFICE**

*effective.8.1.20*

*We help put the pieces back together*



## our mission

The New Jersey Victims of Crime Compensation Office (VCCO) reimburses certain victims of crime for some of the expenses they suffer as a result of a crime. The VCCO is mindful of the special needs of victims and their right to be treated with fairness, compassion and respect.

## eligible crimes

This is a list of the types of crimes that may qualify. Certain conditions may apply. For more information, please contact the VCCO:

- Assault
- Arson
- Bias crime
- Burglary\*
- Disorderly conduct offenses
- Domestic violence
- Human trafficking
- Indecent acts with children
- Kidnapping
- Lewd, indecent or obscene acts
- Manslaughter
- Motor vehicle offenses
- Murder
- Robbery
- Sexual assault
- Stalking
- Threats to do bodily harm

*\*Must be in structure during burglary.*

*apply online at...*

## conditions

- The crime must have occurred in New Jersey or to a New Jersey resident
- The victim must have reported the crime to police
- The victim should cooperate with the investigation and prosecution of the crime, if reasonable
- The claim must be filed within 5 years of the date of the crime in most cases

*effective.8.1.20*

[www.njvictims.org](http://www.njvictims.org)  
Toll Free **877-658-2221**

## If I qualify, what can the VCCO pay?

Expenses that may be eligible for reimbursement include:

- Hospital, physician and medical expenses
- Mental health counseling expenses up to \$20,000
- Loss of earnings up to \$600 per week
  - Temporary disability, not to exceed 24 months
  - Permanent disability, maximum 60 months
  - Loss of earning for dependants or family members
  - Bereavement, maximum two weeks
  - Loss of wages due to court attendance
- Loss of financial support up to \$600 per week, maximum 48 months
- Funeral expenses maximum \$7,500
- Attorney fees:
  - Victims' rights attorney fees up to \$275 per hour, maximum \$10,000
  - Representation with the VCCO claim up to 15% of award at \$275 per hour
- Relocation expenses up to \$3,000
- Crime scene clean up to \$4,000
- Child care/day care/domestic help services up to \$6,500

### The VCCO is a payer of last resort

- Victims must first utilize and exhaust other resources including State benefits and insurance.

## Frequently Asked Questions

### What is Crime Victims' Compensation?

The Victims of Crime Compensation Office (VCCO) reimburses victims of a crime for some of the expenses they incur as a result of a crime.

### Do all crime victims get paid?

Not always. The law sets forth the types of crimes that can be covered by the VCCO. Further, if victims participated in the crime or contributed to their injuries, they may be denied compensation.

### Who is eligible to file?

- Victims may file their own applications.
- Family members, and dependents of victims or the estate of the victims
- A person who paid for some of the services for the victim
- The guardian, guardian ad litem, estate representative, authorized agent of the victim or the victim's dependents

### Can the VCCO reimburse me directly for expenses?

Yes. Victims or claimants can be reimbursed for some expenses.

### Can I still file a claim if the suspect has not been arrested or if the accused is acquitted at trial?

Yes. Compensation may be made whether or not a person is prosecuted or found guilty.

### Can the VCCO pay providers directly?

Yes. Once a claim is approved, payment can be made directly to providers.

### I have received additional bills that were not considered in my initial award. Can I still submit them?

Yes. Crime related bills can be considered for additional reimbursement after the initial payment award has been made.

## How do I apply?

Complete the online VCCO claim form at [www.njvictims.org](http://www.njvictims.org). Include police reports and any documentation showing financial loss or need if possible. Once an application is received, a claims specialist will contact you.

Applications are also available from any of the 21 County Prosecutors' Offices through their Victim Witness Coordinators.

For more information or for a claim application, please contact us by phone, mail, fax, or visit our web site.

NJ Office of the Attorney General  
Victims of Crime Compensation Office  
50 Park Place, 5th Floor  
Newark, NJ 07102

Hours: 8:00 a.m. to 5:00 p.m.

Walk-in Clients: Please visit our web site, or call our toll free number for details.

Toll Free: 877-658-2221

Phone: 973-648-2107

Fax: 973-648-3937

Web site: [www.njvictims.org](http://www.njvictims.org)

*We help put the pieces back together*



**NJ OFFICE OF THE ATTORNEY GENERAL**  
**VICTIMS OF CRIME COMPENSATION OFFICE**  
[www.njvictims.org](http://www.njvictims.org) • Toll Free 877-658-2221





**cuidado**  
**apoyo**  
**dignidad**  
**ayuda**  
**respeto**

NEW JERSEY

OFICINA DE COMPENSACIÓN  
PARA VÍCTIMAS DEL CRIMEN

vigente.1.8.20

Los ayudamos a normalizar su vida



## nuestra misión

La Oficina de Compensación para Víctimas del Crimen de Nueva Jersey (VCCO) reembolsa a ciertas víctimas del crimen por algunos de los gastos que incurren a causa de un crimen. La VCCO reconoce las necesidades especiales de las víctimas y el derecho que tienen de ser tratadas con justicia, compasión y respeto.

## Crímenes elegibles

Esta es una lista de los tipos de crímenes que pueden calificar. Pueden aplicar ciertas condiciones. Para mayor información, favor contactar a la VCCO:

- Agresión
- Incendio provocado
- Discriminación
- Allanamiento\*
- Ofensas de comportamiento escandaloso
- Violencia Domestica
- Trata de personas
- Actos indecentes con menores
- Secuestro
- Actos lascivos, obscenos o indecentes
- Homicidio Culposo
- Ofensas de vehículos motorizados
- Asesinato
- Robo con violencia
- Agresión Sexual
- Acecho
- Amenazas de lesión corporal

\*Debe encontrarse en el edificio durante la comisión del crimen

aplique en línea en:

## requisitos

- El crimen tiene que haber ocurrido en Nueva Jersey o a un residente de Nueva Jersey
- La víctima debe haber reportado el crimen a la policía
- La víctima debe cooperar con la investigación y el procesamiento del crimen, si es factible
- El reclamo debe ser presentado dentro de un plazo de 5 años de la fecha del crimen en la mayoría de los casos

[www.njvictims.org](http://www.njvictims.org)

Número de llamada gratuita

877-658-2221

vigente.1.8.20

## ¿Si califico, que puede pagar la VCCO?

Gastos que pueden ser elegibles para reembolso incluyen:

- Gastos de Hospital, de médicos y gastos médicos
- Asesoría de Salud Mental gastos de hasta \$20,000
- Pérdida de ingresos de hasta \$600 a la semana
  - Discapacidad Temporal, a no exceder 24 meses
  - Discapacidad Permanente, máximo 60 meses
  - Perdida de ingresos de dependientes o miembros de familia
  - Duelo, máximo dos semanas
  - Perdida de ingresos por asistir al tribunal
- Perdida de apoyo económico de \$600 semanales, máximo 48 meses
- Gastos de funeral hasta \$7,500
- Honorarios de Abogados:
  - Honorarios de abogados de derechos de las victimas hasta \$275 por hora, máximo \$10,000
  - Representación con el reclamo VCCO de hasta el 15% de la compensación en \$275 por hora
- Gastos de Reubicación de hasta \$3,000
- Limpieza lugar del crimen hasta \$4,000
- Cuidado Infantil/Guardería servicios domésticos hasta \$6,500

### La VCCO es pagador de último recurso

- Las victimas primero deberán utilizar y agotar otros recursos incluyendo el seguro y los beneficios del estado.

## Preguntas frecuentes

### ¿Qué es la Compensación para víctimas del crimen?

La Oficina para compensación para víctimas del crimen (VCCO) reembolsa a las víctimas de un crimen por algunos de los gastos que tuvieron como resultado de un crimen.

### ¿Se le paga a todas las victimas del crimen?

No siempre. La ley establece los tipos de crímenes que cubre la VCCO. Además, si las victimas participaron en el crimen o contribuyeron a sus lesiones, se le puede negar la compensación.

### ¿Quién es elegible para solicitar?

- Las victimas pueden presentar sus propias solicitudes.
- Miembros de familia y dependientes de las víctimas o el caudal hereditario de la víctima
- Una persona que haya pagado por algunos de los servicios que recibió la víctima
- El tutor, tutor legal, representante del caudal hereditario, agente autorizado de la víctima o de los dependientes de la víctima

### ¿Puede la VCCO reembolsarme directamente por gastos?

Sí. A las víctimas o reclamantes de les puede reembolsar por algunos gastos.

### ¿Puedo presentar un reclamo si el sospechoso aún no ha sido arrestado o si queda absuelto luego de un juicio?

Sí. La compensación puede otorgarse ya sea que la persona sea enjuiciada o determinada culpable o no.

### ¿La VCCO puede Pagarles directamente a los proveedores de servicios?

Sí. Una vez sea aprobado el reclamo, el pago puede hacerse directamente a los proveedores de servicios.

### He recibido facturas adicionales que no se consideraron en mi otorgamiento inicial.

### ¿Aún puedo presentarlas?

Sí. Se pueden considerar cuentas relacionadas con el crimen para reembolso adicional luego del otorgamiento inicial

## ¿Cómo presento la solicitud?

Llene el formulario VCCO en línea en [www.njvictims.org](http://www.njvictims.org). Incluya informes de la policia y cualquier prueba que muestre pérdidas económicas o necesidad si es posible. Una vez recibamos su solicitud, un especialista en reclamos le atenderá.

También hay solicitudes disponibles en cada una de las 21 Oficinas del Procurador del Condado a través de su Coordinador Victima/Testigo.

Para más información o para pedir una solicitud de reclamo, favor contactarnos por teléfono, correo, fax, o visite nuestro sitio web.

NJ Office of the Attorney General  
Victims of Crime Compensation Office  
50 Park Place, 5th Floor  
Newark, NJ 07102

Horario: 8:00 a.m. a 5:00 p.m.

Atención sin cita: Por favor visite nuestro sitio web, o llame a nuestro número sin cobros para más detalles.

Sin cobros: 877-658-2221

Teléfono: 973-648-2107

Fax: 973-648-3937

Sitio Web: [www.njvictims.org](http://www.njvictims.org)



OFICINA DEL FISCAL GENERAL DE NJ  
OFICINA DE COMPENSACIÓN A VÍCTIMAS DEL CRIMEN  
[www.njvictims.org](http://www.njvictims.org) • Gratis 877-658-2221

*Los ayudamos a normalizar su vida*



WIFE HUSBAND CHILD

BOYFRIEND GIRLFRIEND

FAMILY MEMBER NEIGHBOR

CO-WORKER THE ELDERLY

**ANYONE** can be a victim of domestic violence or sexual assault. Free and confidential support is available at C.A.R.A. 24/7 – no matter what your gender, race, national origin, religion, age, marital status or sexual orientation.

*"I feel like a new person. I feel like a human being for once."*

– SURVIVOR, CAPE MAY, NJ

*"C.A.R.A.'s staff is warm, accepting, non-judgmental, and very helpful."*

– SURVIVOR, RIO GRANDE, NJ

*"Knowing that you are not alone and that there are people that care has changed my life."*

– SURVIVOR, MARMORA, NJ

*"Everyone here at C.A.R.A. is very helpful, and knowing that there are other people in the same situation helps a lot."*

– SURVIVOR, VILLAS, NJ

ARE YOU – OR DO YOU KNOW OF – A VICTIM OF DOMESTIC VIOLENCE OR SEXUAL ASSAULT?

Call us anytime – 24/7. We are here for you! Our free and confidential support services are open to women, men and children.

- **Our Mission:** Empowering clients to achieve a peaceful resolution and to facilitate their journey to independence.
- **We at C.A.R.A.** are committed to providing support through advocacy and innovative programs in partnership with the community and other service providers.
- **Start your journey** toward a life free of domestic violence and sexual assault by calling us at any time!
- **Visit our website – [www.cara-cmc.org](http://www.cara-cmc.org)** – for more information on our support groups, calendar of events, volunteering and more.

#### C.A.R.A.

Coalition Against Rape and Abuse, Inc.  
P.O. BOX 774  
Cape May Court House, NJ 08210-0774  
[www.cara-cmc.org](http://www.cara-cmc.org)

Phone: 609-522-6489  
Toll Free: 877-294-2272  
Fax: 609-463-0967  
E-Mail: [carasafe1@cara-inc.net](mailto:carasafe1@cara-inc.net)  
TTY: 609-463-0818

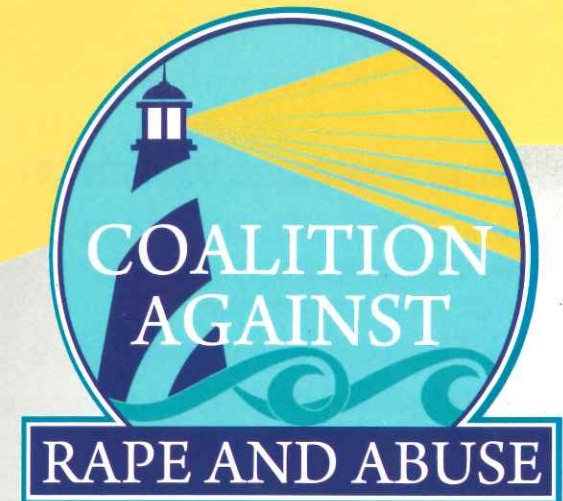


STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

ARE YOU A VICTIM OF DOMESTIC VIOLENCE OR SEXUAL ASSAULT?

You are never alone.

We are here for you.



You are never alone

Phone: 609-522-6489  
Toll Free: 877-294-2272  
[www.cara-cmc.org](http://www.cara-cmc.org)

Supporting Cape May County  
Residents and Visitors



# C.A.R.A. – THE COALITION AGAINST RAPE AND ABUSE – IS HERE FOR YOU

AVAILABLE 24/7, our services are free, confidential and open to all women, men and children.



## We offer:

- 24/7 hotline and crisis support
- Shelter for you and your family through our Residential Program – where you can live in a “safe haven”
- Individual and group counseling

- Legal advocacy in pursuing temporary and/or final restraining orders
- Transitional housing that provides the time needed to be economically independent from your abuser
- Support group for men seeking alternative ways to handle anger, power and control with their loved ones
- Community Education and Prevention Programs
- 24/7 in-person response to police stations and hospitals

## WHAT IS DOMESTIC VIOLENCE?

- It is behavior or actions used to establish power and control over another person through fear and intimidation.
- It may be verbal, emotional and/or physical.
- The perpetrator can be your partner, husband, wife, roommate, boyfriend, girlfriend, adult sibling, adult child, or current or former household member.

### If you are being abused, remember:

- You are not alone.
- It is not your fault.
- Help is available.

### Domestic violence statistics:

- 1 in 3 women and 1 in 4 men have been victims of some form of violence by an intimate partner.
- 20% of female and 13% of male high school students report being physically or sexually abused by a dating partner.

### Get help now

C.A.R.A.'s Residential Program offers safety and security for individuals and their children through communal living and supportive services.

- 1st** – Tension Builds: Insults, name calling and brow beating
- 2nd** – Abuse Occurs: You are assaulted or threatened
- 3rd** – Where they promise it will never happen again and that they will change

**BUT ... statistics show that it will happen again. Only you can stop the cycle of violence.**



## WHAT IS SEXUAL ASSAULT?

- It is any form of unwanted, unwelcome, forceful or coercive sexual contact. No matter what you wear – or what you do – **sexual assault is never your fault!**
- **Sexual assault includes marital rape.** It is any sexual act committed without a person's consent and/or against their will when the perpetrator is the husband, ex-husband, wife or ex-wife.
- No means no! Sexual assault is **never** your fault!

### Sexual assault statistics:

- 1 in 6 women and 1 in 33 men have been sexually assaulted.
- 2/3 of sexual assaults are committed by someone who is known to the victim.
- 1 in 5 women are sexually assaulted during college.

### What should you do if you are sexually assaulted?

- CALL THE POLICE 
- GO TO THE HOSPITAL 
- PHONE OUR HOTLINE   
877-294-2272 or  
609-522-6489

**REMEMBER, IT IS NEVER YOUR FAULT!**



ESPOSA ESPOSO NIÑO(A)

NOVIO NOVIA

MIEMBRO DE LA FAMILIA VECINO

COMPAÑERO DE TRABAJO ANCIANO(A)

**CUALQUIERA** puede ser víctima de violencia doméstica o asalto sexual. Soporte gratuito y confidencial está disponible en C.A.R.A 24/7- no importa su género, raza, origen nacional, religión, edad, estado civil u orientación sexual.

*"Me siento como una nueva persona. Me siento como un ser humano por primera vez."*

– SURVIVOR, CAPE MAY, NJ

*"El personal de C.A.R.A es muy cariñoso, aceptable, no te juzga, y muy útil.."*

– SURVIVOR, RIO GRANDE, NJ

*"Saber que no estás solo y que hay personas que se preocupan ha cambiado mi vida."*

– SURVIVOR, MARMORA, NJ

*"Todos aquí en C.A.R.A. son muy útiles, y saber que hay otras personas en la misma situación ayuda mucho."*

– SURVIVOR, VILLAS, NJ

**¿ES USTED - O CONOCE A ALGUIEN QUE ES- VÍCTIMA DE VIOLENCIA DOMESTICA O ASALTO SEXUAL?**

Llámenos a cualquier hora – 24/7. Estamos aquí para usted! Nuestros servicios de soporte gratuito y confidencial están abiertos a mujeres, hombres y niños.

- **Nuestra Misión:** Capacitar a nuestros clientes a lograr una solución pacífica y facilitar su trayecto a independizarse.
- **Nosotros en C.A.R.A.** estamos comprometidos a brindar apoyo a través de programas de recomendación e innovadores en colaboración con la comunidad y otros proveedores de servicios.
- **Inicie su trayecto** hacia una vida libre de Violencia doméstica y asalto sexual llamándonos a cualquier hora!
- **Visite nuestro sitio web – [www.cara-cmc.org](http://www.cara-cmc.org)** – para más información sobre nuestros grupos de apoyo, calendario de eventos, ser voluntario y más.

#### C.A.R.A.

Coalition Against Rape and Abuse, Inc.

P.O. BOX 774

Cape May Court House, NJ 08210-0774

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Teléfono: 609-522-6489

Número gratuito: 877-294-2272

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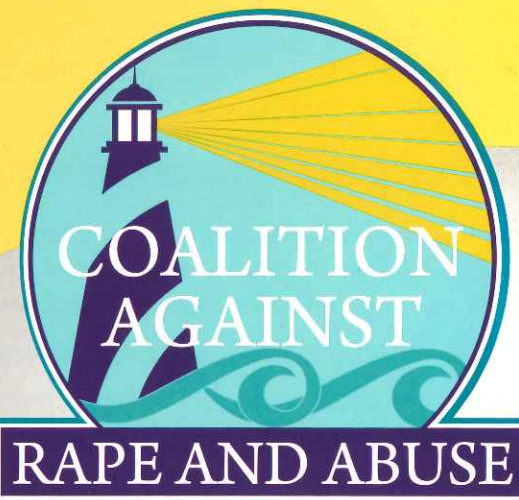
STATE OF NEW JERSEY

DEPARTMENT OF CHILDREN AND FAMILIES

**¿ES USTED VÍCTIMA DE VIOLENCIA DOMESTICA O ASALTO SEXUAL?**

NO está solo.

Estamos aquí para usted.



You are never alone

Teléfono: 609-522-6489

Número gratuito: 877-294-2272

[www.cara-cmc.org](http://www.cara-cmc.org)

*Apoiando a los residentes y visitantes del condado de Cape May*



DISPONIBLE 24/7, nuestros servicios son gratuitos, Confidenciales y disponibles a todas las mujeres, hombres y niños.



Ofrecemos:

- Línea directa de apoyo en caso de crisis 24/7
- Refugio para usted y su familia a través de nuestro Programa Residencial – donde usted puede vivir “en un lugar seguro”
- Terapia individual y de grupo

- Apoyo legal en la búsqueda de órdenes de restricción temporal o definitiva
- Viviendas de transición que proporcionan el tiempo necesario para estar económicamente independiente de su abusador
- Grupo de apoyo para hombres que buscan formas alternativas de control de la ira, el poder y el control con sus seres queridos
- Programas de Educación Comunitaria y Prevención
- Respuesta en persona a las comisarías y hospitales.

## ¿QUE ES VIOLENCIA DOMESTICA?

- Es un comportamiento o acción que se usa para establecer el poder y control sobre otra persona a través del miedo y la intimidación.
- Puede ser verbal, emocional y o físicamente.
- El autor puede ser su socio, esposo, esposa, compañero de cuarto, novio, novia, hermano mayor, hijo mayor o cualquier miembro del hogar.

Si usted está siendo abusado, recuerde:

- No está solo.
- No es su culpa.
- Hay ayuda disponible.

Estadísticas de violencia domestica:

- 1 de cada 3 mujeres y 1 de cada 4 hombres han sido víctimas de algún tipo de violencia por parte de su pareja.
- 20 % de las mujeres y el 13% de los estudiantes secundarios masculinos reportan haber sido física o sexualmente abusados por una pareja.

Consiga ayuda ahora

El programa residencial de C.A.R.A. ofrece seguridad y protección para los individuos y sus hijos a través de servicios de apoyo y vivienda comunal.

- 1<sup>a</sup> – La tensión aumenta: Insultos de palabras y el temor empieza
- 2<sup>a</sup> – El abuso ocurre: Es agredida(o) o golpeada(o)
- 3<sup>a</sup> – Le prometen que nunca va a volver a suceder y que van a cambiar

**PERO... las estadísticas muestran que sucederá de nuevo. Sólo TÚ puedes detener el ciclo de violencia.**



## ¿QUE ES ASALTO SEXUAL?

- Es cualquier forma de contacto sexual no deseado, contundente o coercitivo. No importa lo que usted traiga puesto- o lo que haga – **el asalto sexual nunca es su culpa!**
- **Asalto sexual incluye la violación marital.** Es cualquier acto sexuales cometidos sin el consentimiento de una persona o contra su voluntad cuando el agresor es el marido, ex marido, esposa o ex esposa.
- No significa no! El Asalto sexual **nunca** es su culpa!

Estadísticas de asalto sexual:

- 1 de cada 6 mujeres y 1 de cada 33 hombres han sido víctimas de asalto sexual.
- 2/3 de los asaltos sexuales son cometidos por alguien conocido por la víctima
- 1 de cada 5 mujeres son sexualmente asaltadas durante la Universidad.

## ¿Qué debe hacer si es asaltada sexualmente?

- LLAME A LA POLICÍA
- VALLA AL HOSPITAL
- LLAME A NUESTRA LÍNEA DIRECTA 877-294-2272 or 609-522-6489

**RECUERDE, NUNCA ES SU CULPA!**

**Cape May County**  
**Community Resources and Contacts**  
**609 Area Code unless otherwise noted**

**Medical**

Acenda Integrated Health Counseling & Wellness	1-844-422-3632
Addictions Hotline of New Jersey	1-888-276-2777
Cape Community Health Center	465-0258
Cape Regional Medical Center	463-2000
Cape Regional Medical Center Social Service Dept.	463-2160
Child Abuse Research Education & Service Institute	
CARES Institute	856-309-3627
CMC Health Department	465-1187
CMC Health Dept./Women's Health	465-1194
Community Dental Health	729-0088
Family Crisis Intervention Services	465-1055
Hope Pregnancy Center	
Lower Township	886-7022
Ocean City	398-9449
Volunteers in Medicine	463-2846

**Social Service Information**

One Stop Career Center	224-2020
Social Security	1-800-772-1213
Social Services/Welfare	886-6200
Women, Infants & Children (WIC)	465-1224

**Legal Information**

CMC Bar Association-Lawyer Referral	463-0313
CMC Prosecutor's Office	465-1135
Office of Victim Witness Advocacy	465-1135
CMC Superior Court	
Family Division (extension 47556)	402-0100
Dept of Human Services/Division of Mental Health	465-1055
South Jersey Legal Services	465-3001
Statewide Domestic Violence Hotline of NJ	
Provides bilingual service and is accessible to the hearing impaired	1-800-572-7233

**Housing and Transportation**

Cape Hope Cares	997-1794
Cape May Housing Authority	884-9549
CMC Fare Free Transportation	889-3700
CMC Shelters & Emergency Housing	463-0947
NJ Homeless Prevention Program	1-866-889-6270
NJ Transit	973-275-5555
TTY for hearing impaired	1-800-772-2287
Ocean City Housing Authority	399-1062

Dated: June 1, 2021

**Cape May County**  
**Community Resources and Contacts**  
**609 Area Code unless otherwise noted**  
**Continued...**

**General Assistance**

ARC Thrift Shop (clothing, household items)	465-7697
Coalition Against Rape & Abuse (C.A.R.A)	1-877-294-2272
	522-6489
Division of Child Protection & Prevention	1-877 NJ ABUSE
	1-877-652-2873
Family Success Center (Food bank, laundry, showers, resource assistance)	778-6226
GABLES of CMC, Inc. - GLBT Alliance	861-1848
Puerto Rican Action Committee	861-5800