



RYAN C. GARDNER
DISTRICT ATTORNEY

LISA D. DIMASSIMO
OFFICE ADMINISTRATOR

LYCOMING COUNTY
OFFICE OF DISTRICT ATTORNEY
LYCOMING COUNTY COURTHOUSE
48 WEST THIRD STREET • WILLIAMSPORT, PA 17701
TELEPHONE: (570) 327-2456 • FAX: (570) 327-2324

MARTIN L. WADE
FIRST ASSISTANT DISTRICT ATTORNEY

ABIGAIL Y. INNS
PARALEGAL

COMMONWEALTH V. _____ DOCKET # _____

VICTIM'S COMPENSATION ASSISTANCE PROGRAM CONSENT FORM

I, _____, authorize Lycoming County Victim/Witness Services to maintain a copy of all supporting documents for my Victim's Compensation Assistance Program (VCAP) claim to keep in the case file.

These documents will be used solely for the purpose of determining restitution in my court case and assisting me with any follow-up for my VCAP claim.

I understand that I do not need to give consent to Lycoming County Victim/Witness Services to maintain this information, however, I choose willingly and voluntarily to give my consent.

Although the Lycoming County District Attorney's Office has a Confidentiality Policy, this policy may not protect you completely. There is no law protecting the confidentiality of records or communication between clients and the Victim/Witness Services staff members. We would have to give the records or testify, if required to do so, by subpoena. Also, we may have to provide the records to the Defendant and his/her attorney in order to request restitution to you or to the Victims Compensation Assistance Program.

Signature

Date

Witness

Date