

**Please Help Us Better Assist YOU**



**Wasco County, Office of the District Attorney  
Victim Assistance Program**

511 Washington Street, Ste 206  
The Dalles, OR 97058  
(541) 506-2685  
Toll Free: 1-866-296-6451

[https://www.co.wasco.or.us/departments/district\\_attorney/victim\\_services.php](https://www.co.wasco.or.us/departments/district_attorney/victim_services.php)

"Our mission is to empower victims through timely, accurate, and pertinent information. We recognize justice may be defined differently to those involved and we strive to promote their voice within the criminal justice system."

The Crime Victim Assistance Program would like you to tell us how we can better serve identified victims of crime. Please complete the following questions and return to us via mail, in-person, or via the District Attorney Victim Assistance Program (DAVAP) email address: DAVAP@Co.Wasco.OR.US

~Thank you for your time and support!

**Case Number**

***How did you first become aware of Crime Victim Assistance and our services?***

Law Enforcement (Which?)M                      Family/Friend                      Other (Please List):  
Medical Facility (Which?)                      Community Resource (Which?)

***When did you first have contact with an advocate from Victim Assistance? (Please mark with v)***

Investigation                      Arraignment                      Grand Jury                      Trial                      Sentencing  
Other

***Did you receive information (either in person or over the telephone) about your rights as a victim of crime prior to arraignment? (Please mark with v)***

Yes                      No                      How?

***Did you receive written information about your rights as a victim of crime? (Please mark with v)***

Yes                      No

***The Wasco County Victim Services Program provided me with services/information that helped me make more informed choices about my situation. (Please Circle selection)***

Strongly Agree                      Agree                      Neutral                      Disagree                      Strongly Disagree  
|-----X-----X-----X-----X-----X-----|

***As a result of the information I received from the Wasco County Victim Assistance Program, I better understand my rights as a victim of crime.***

Strongly Agree                      Agree                      Neutral                      Disagree                      Strongly Disagree  
|-----X-----X-----X-----X-----X-----|

**The information given to me by the Wasco County Victim Services Program helped me better understand the criminal justice system process as it relates to my case.** (Please circle selection)

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree  
|-----X-----X-----X-----X-----X-----|

**Did you feel as though you had a meaningful role in the case?**

Yes      No

Why or why not?

**Did you receive notice of court hearings prior to their scheduled date/time?**

Yes      No      How?

**Did you receive adequate information about your right to restitution, and potential options available to you?**

Yes      No

**Did you receive the opportunity to give input to the prosecutor either directly or through a victim advocate regarding your desired resolution?**

Yes      No      How?

**Did you receive information about resources/options available for your personal security and safety?**

Yes      No

**What was done well?**

**How could we have done better?**