

Benton County Victim's Assistance Program

John M. Haroldson
District Attorney

Crime Victim Assistance

For information and assistance, please call
Lynne Whiteman
(541) 766-6688

lynne.c.whiteman@co.benton.or.us

Practicum Job Description

(4/30/11)

Following is a list of duties and activities for the practicum student. As the needs of the District Attorney's Office and Victim Services changes, the specific duties of the practicum student may also vary from term to term.

Opening Victim Files: Once a case has been entered in to the DA Case Management System (DACMS) and assigned a case number, Victim Services will "open" the file for all cases in which there are victims.

The process for opening a file begins with review of the police reports to determine what forms should be sent to the victim. The forms may include but are not limited to a number of different brochures, cover letter, Victim Impact Statement, restitution form, and Crime Victim's Compensation application. The forms are generated by DACMS and are printed automatically.

Notifying Victims of Events Pertinent: Initial contact with victims is usually made by sending them a Victim Impact Statement and restitution form when a file is opened. As a case progresses, the practicum student will assist the Victim Assistance Program in notifying the victim of significant court events such as arraignment, entry of plea, continuance, sentencing, and restitution hearing. Notification is made either by mail, telephone, or in person.

Completing Restitution Forms: The practicum student will send the restitution form to the victim when a file is opened. The practicum will also copy and distribute the completed forms to the defense attorneys and juvenile department if appropriate. The practicum may also assist the restitution clerk in determining restitution amounts and preparing statements to submit to the court at the time of sentencing.

Closing Cases: When the prosecution of a case is completed and the file is closed by the front office support staff, the practicum will generate a disposition letter from DACMS. The practicum will send the victim a letter that explains the outcome of the case together with a copy of the Sentencing Order, Benton County Customer Survey, Parole Notification form, and Sex Offender Registration information if appropriate.

Attending Court Proceedings: The practicum may ask to pursue areas of individual interest in the court process during "free time." However, some time should be spent attending one or more of the following proceedings: arraignments, juvenile appearances, court and jury trials, and sentencings.

Miscellaneous Activities: Other activities available to the practicum during the term may include the following:

- Ride-a-long with police or probation officer
- Tour of the jail
- Review the Oregon Criminal or Evidence Code
- Read victimization materials in VAP library
- Learn to utilize DACMS information

**Victim Assistance Program
Benton County District Attorney's Office
Volunteer Application**

Name: _____
 First Middle Last

Present Address: _____
 Street City State and zip code

Phone: _____
 Cell Home Business

Email Address: _____

What experience or courses have you had that may assist you as a practicum in our program?

Please write a brief statement about your interest in the program and your purpose/ reasons for offering your services. What do you expect to gain from participating in this program?

EDUCATION:

Indicate highest year in school completed _____

Major _____ Minor _____

If presently enrolled, indicate year in school _____

Name of school _____

PRESENT OR MOST RECENT EMPLOYMENT:

Length of present employment From _____ To _____

Position was Permanent _____ Temporary _____ Full Time _____ Part Time _____

Name of Employer/Supervisor _____

Phone of Employer/Supervisor _____ May we contact? Yes _____

CHARACTER REFERENCES:

Provide name, address, and phone number for three local references (excluding relatives) indicating their relationship to you:

Name of Reference #1 Relationship to you

Street Address City, State, and zip code

Name of Reference #2 Relationship to you

Street Address City, State, and zip code

Name of Reference #3 Relationship to you

Street Address City, State, and zip code

PRACTICUM STUDENTS ONLY:

Sponsoring School _____ Department _____

Professor _____

Level/Year _____

Credit hours to be received _____ Actual hours worked _____

I hereby certify that there are no misrepresented or falsifications in the above statements and that the information provided is true to the best of my knowledge.

Signature of Applicant

Date

Please return or mail to the following address:

**Victim Assistance Program
Benton County District Attorney's Office
Benton County Courthouse
120 NW 4th Street
Corvallis, OR 97330**

Phone Number: 541-766-6688

REQUEST FOR CRIMINAL HISTORY BACKGROUND CHECK

I hereby authorize and request the Benton County District Attorney, the Corvallis Police Department, the Benton County Sheriff's Department, and the Department of State Police to conduct a criminal history investigation on me utilizing whatever information resources may be available to them, including but not limited to: L.E.D.S., N.C.I.C., R.A.I.N., and any local files.

I provide the following information to enable the above named agencies to conduct a full inquiry:

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____

STATES IN WHICH I HAVE RESIDED:

Applicant Signature

Date