

# STATE OF MISSISSIPPI



JIM HOOD  
ATTORNEY GENERAL

## MISSISSIPPI ATTORNEY GENERAL INFORMATION FORUM ANNOUNCEMENT

The Mississippi Attorney General's Office/Bureau of Victim Assistance will be hosting a 2-hour information forum on the Crime Victim Compensation Program, Mississippi Crime Victims' Bill of Rights, and the Address Confidentiality Program. The training is open to the public and is free of charge. Seating is limited. The training dates and locations are as follows:

<p><b>February 5, 2015</b> Washington County Extension Office 148 N Edison Street Greenville, MS 38701</p>	<p><b>February 10, 2015</b> Lyman Community Center 13742 U.S. 49 Gulfport, MS 39503</p>
<p><b>March 5, 2015</b> Itawamba Community College, Belden Campus 3200 Adams Farm Rd., RM 509 Belden, MS 38826</p>	<p><b>March 17, 2015</b> Mississippi Organ Recovery Agency 4400 Lakeland Dr. Flowood, MS 39232</p>

### Agenda:

**1:30 Crime Victim Compensation Program** – This program provides financial assistance to eligible victims of violent crime and their eligible family members. This session will address who is eligible for compensation, how to apply, an overview of the compensation process and what benefits are available.

**2:30 Sexual Assault Medical Forensic Exam Payment Program** – This program reimburses hospitals/clinics that perform Sexual Assault Medical Forensic Examinations on crime victims. This session will provide a general overview of the program, including how providers can apply, filing deadlines and which medical procedures are eligible for reimbursement.

**2:45 Mississippi Crime Victims' Bill of Rights** – The Mississippi Crime Victims' Bill of Rights provides several rights, privileges and notices to crime victims throughout the criminal justice process. This session will address those specific rights, the procedure for invoking those rights, and who is responsible for providing them.

**3:15 Address Confidentiality Program** – This program was designed to help victims of domestic violence, stalking and sexual assault who have moved a new location to keep their new address confidential. This session will discuss the services provided by this program and enrollment requirements for qualified victims.

If you would like to attend, please complete a  
*Registration Form* (one per attendee) and return per Registration Form instructions.

# REGISTRATION FORM FAX



**TO:** Amy Walker

**FAX:** 601-576-4445

**RE:** MS Attorney General/Bureau of Victim Assistance Training

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Yes, I plan to attend the February 5, 2015 training at the Washington County Extension Office.

Please **PRINT** the following information:

NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

**Space is limited. Attendees will be chosen on a first come, first serve basis.**

**One registration form per attendee.** Please return a completed form by **January 29, 2015** to the above fax number to Amy Walker, MS Attorney General's Office, Bureau of Victim Assistance.

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**After submitting a Registration Form, we request that you contact Amy Walker 1-800-829-6766 should you be unable to attend.**

**You should receive a confirmation that you have been enrolled in the training.**

# REGISTRATION FORM FAX



**TO:** Amy Walker

**FAX:** 601-576-4445

**RE:** MS Attorney General/Bureau of Victim Assistance Training

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Yes, I plan to attend the February 10, 2015 training at the Lyman Community Center

Please **PRINT** the following information:

NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

**Space is limited. Attendees will be chosen on a first come, first serve basis.**

**One registration form per attendee.** Please return a completed form by **January 30, 2015** to the above fax number to Amy Walker, MS Attorney General's Office, Bureau of Victim Assistance.

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**After submitting a Registration Form, we request that you contact Amy Walker 1-800-829-6766 should you be unable to attend.**

**You should receive a confirmation that you have been enrolled in the training.**

# REGISTRATION FORM FAX



**TO:** Amy Walker

**FAX:** 601-576-4445

**RE:** MS Attorney General/Bureau of Victim Assistance Training

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Yes, I plan to attend the March 5, 2015 training at Itawamba Community College, Belden Campus.

Please **PRINT** the following information:

NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

**Space is limited. Attendees will be chosen on a first come, first serve basis.**

**One registration form per attendee.** Please return a completed form by **February 26, 2015** to the above fax number to Amy Walker, MS Attorney General's Office, Bureau of Victim Assistance.

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**After submitting a Registration Form, we request that you contact Amy Walker 1-800-829-6766 should you be unable to attend.**

**You should receive a confirmation that you have been enrolled in the training.**

# REGISTRATION FORM FAX



**TO:** Amy Walker

**FAX:** 601-576-4445

**RE:** MS Attorney General/Bureau of Victim Assistance Training

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Yes, I plan to attend the March 17, 2015 training at Mississippi Organ Recovery Agency, Flowood, MS.

Please **PRINT** the following information:

NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

**Space is limited. Attendees will be chosen on a first come, first serve basis.**

**One registration form per attendee.** Please return a completed form by **March 13, 2015** to the above fax number to Amy Walker, MS Attorney General's Office, Bureau of Victim Assistance.

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**After submitting a Registration Form, we request that you contact Amy Walker 1-800-829-6766 should you be unable to attend.**

**You should receive a confirmation that you have been enrolled in the training.**