

Client Log Sheet

Schertz PD Crime Victim Services

Case#:	Date Assigned:	Date of Incident:	CPS:	Det: /Officer:
Victim Name				Phone:
Suspect Name				Phone:
Address/Email				
Relationship:		Disability Y/N :	Race/ Ethnicity:	
Type of Crime				
CVC Filed Date:	Services Provided			
CVC Claim #:	_____ Accompaniment (Hospital, LE/ Court)	_____ Follow- up Contact		
Counselor Info:	_____ Info on Crime Victim Compensation	_____ Assist. filling out CVC		
	_____ Explain CJ process	_____ Obtain email		
	_____ VINE/Jail Notification	_____ Info. Protective Order		
	_____ Crisis intervention	_____ Follow-up Crisis Int.		
	_____ Setup FI	_____ Property Return		
	_____ Setup SANE	_____ Crime Victims' Rights		
	_____ Safety Planning/Danger Assessment	_____ Case Status (Court)		
	_____ Referrals (DV/SA services, Counseling, Food, Shelter, Housing, Medical, Legal)			
	_____ Other: _____			
Date:	Notes:			

Closed Date: _____