**EXAMPLE CONSULTATION FORM**

[DATE]

Indiana Criminal Justice Institute, Victim Services Division

Indiana Government Center South

402 W. Washington Street, Room #W469

Indianapolis, IN 46204

Re: STOP Grant Consultation Requirement

This form certifies that [INSERT NAME OF APPLICANT AGENCY] consulted with *(Insert name of Victim Service Agency)* during the course of developing this STOP application in order to ensure that the proposed activities are designed to promote the safety, confidentially, and economic independence of victims.

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court, Law Enforcement or Prosecutor

Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim Service Provider

Authorized Representative