

THERAPIST QUESTIONNAIRE
First Judicial District (Jefferson and Gilpin Counties)

This questionnaire is being distributed as a courtesy to the Victim Witness Specialists and the law enforcement advocates in our jurisdiction who give mental health referrals to crime victims. Please feel free to attach additional pages if necessary. **Please note that referrals are not made through the Crime Victim Compensation Program.**

1. **Name:**

Business Address:

Alternate Business Address:

Phone:

Fax:

E-mail:

2. **Describe your expertise in working with crime victims:**

3. **Identify the primary age of your clients, your specialties and preferred treatment modalities:**

4. **Describe your expertise in working with post-traumatic stress disorder:**

5. **Please describe the extent of your experience working with the justice system:**

6. **Are you willing to make fee adjustments under certain circumstances? If yes, please explain:**

7. **Are you licensed?**
If not, are you supervised:
If so, by whom?

License No.:

8. **Are you currently receiving referrals of victims?**
If so, from what organizations?

9. **Identify course work or workshops you have completed concerning crime victimization:**

10. What additional victim-oriented classes or workshops are you planning on attending in the near future?

11. What are your regular business hours?

12. Are you able to see clients on an emergency basis?

13. To assist with referrals, please indicate by checkmark any of the following services which you provide through your practice:

Christian counseling

Treatment of developmentally delayed victims

Treatment of head-injured victims

Treatment of hearing impaired victims

Alternate language If so, indicate language(s)

Home visits

EMDR

Thought Field Therapy

Equine-Assisted Therapy

Model Mugging or other self-defense

Treatment of a particular gender or age group If so, please explain _____

Perpetrator treatment*

Other Please list _____

*Please refer to our mental health packet regarding treatment of victims and perpetrators in the same facility

14. Additional comments:

Please return to:
Amy Greer
Crime Victim Compensation Program
500 Jefferson Cty. Pkwy.
Golden, CO 80401