

**NCVAN Directory of Victim Services Entry Submission Form**

Select one:     This is a new entry.     This is an update of an existing entry.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact/Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Web site: \_\_\_\_\_

Services: \_\_\_\_\_

\_\_\_\_\_

Services Offered in Spanish?     Yes             No

Contact(s): \_\_\_\_\_

Other Languages: \_\_\_\_\_

Contact(s): \_\_\_\_\_

Counties Served: \_\_\_\_\_

Other Pertinent Information (example: a particular service is offered only on certain days.):

\_\_\_\_\_

**Please attach this form to an email, and send it to [admin@nc-van.org](mailto:admin@nc-van.org)  
or fax it to 919-831-0824. Thank you!**