

**Good Samaritans  
Service Record/Volunteer Notes**

Victim's Name: \_\_\_\_\_ **Case Number:** \_\_\_\_\_  
Initial Contact (Mo./Yr.): \_\_\_\_\_

\_\_\_\_\_  
Date of Service: \_\_\_\_\_ Time of Service: \_\_\_\_\_ Time Spent on Service: \_\_\_\_\_  
\_\_\_\_\_  
Location of Service: \_\_\_\_\_  
\_\_\_\_\_  
Type of Contact:  Telephone  In Person

**Services Provided:**

- Phone Contact/Support
- Court Information
- Document Replacement (detail)
- Property Repair/Cleanup (detail)

Emergency Assistance:

- Food
- Clothing
- Shelter
- Transportation
- Other
- Childcare
- Court Accompaniment
- Other (describe)

**Summary**

Actions taken:

New problems identified:

Plan:

**Disposition:**

No further action needed

- Unable to contact, retry on \_\_\_\_\_
- Client declined further services
- Follow up on \_\_\_\_\_ re:

**Comments/Recommendations:**

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

*Use the back of the form if needed for comments or explanations.*