



**BALL STATE
UNIVERSITY**

Stalking Informational Packet

Center for Survivor Support

Health Center Room 205

Phone: 765-285-7844

Email: survivorsupport@bsu.edu

Resource Numbers

Center for Survivor Support

765-285-7844

On-Campus

Counseling Center

765-285-1736

Health Promotion & Advocacy

765-285-3775

Police & Emergency

765-285-1111

Student Legal Services

765-285-1888

Title IX Coordinator

765-285-1545

Student Conduct

765-285-5036

A Better Way

765-747-9107

Ambulance

765-747-7778

Delaware County Clerk

765-747-7857

Delaware County Jail

765-747-7811

Delaware County Police

765-747-4877

Fire Department

765-747-4877

Hospital

765-747-3241

Indiana State Police

765-282-1223

Muncie City Police

765-747-4838

Prosecutor's Office

765-747-7801

Child Abuse Hotline

1-800-800-5556

Off-Campus

Office of Victim Services

The Center for Survivor Support exists to give Ball State Students inclusive, survivor centered support, through confidential advocacy. We respond to the impact of interpersonal violence and strive to create a community free from violence through education.

The Center for Survivor Support provides:

- Confidential support to student survivors of gender-based violence.
- “Confidential support” means they will not release any information without your consent.
- 24 hour-a-day support, information, referrals, and advocacy. The advocate will respond to IU Health Ball Memorial Hospital or Ball State Police Department after hours, 24/7 to provide emotional support and guidance.
- Support to individuals who have been victimized, whether the abuse occurred recently or in the past
- Assistance with the exploration of options and accessing community resources, including filing for a protective order
- Accompaniment to court, meetings, hearings involving the criminal justice system or Ball State student conduct process with the Office of Student Conduct
- Act as a liaison between the survivor and the Delaware County Prosecutor's Office
- Inform individuals of their Indiana victim rights

Stalking Safety Plan

INSTRUCTIONS:

Please fill this out and “brainstorm” with someone that you feel comfortable sharing this information with. ****Make sure it is someone who is going to respect your confidentiality.**** Keep this plan in a safe place; you may also want to give someone you trust a copy.

Description of your concern:

Description of things that *Decrease* your safety:

Description on how to address the items above to *Increase* your safety:

Set up a “buddy check-in system.” For example, let someone know you will contact them either by phone, text, or email at a certain time, and make sure this person knows what to do should you not “check-in” with them at the designated time.

**Who are the first people you will contact, should something happen?
Please list at least 3 people:**

#1 _____

NAME

CONTACT INFO

#2 _____

NAME

CONTACT INFO

#3 _____

NAME

CONTACT INFO

What will contact person #1 need to do to help me?

What will contact person #2 need to do to help me?

What will contact person #3 need to do to help me?

Make sure to share this safety plan with each of your points of contact so each person knows what their roles are in the process of ensuring your safety. Each of your contacts will need to know relevant information about your stalker if they do not know the person already. You should provide them with a *stalking information form (see below)*.

Job and Safety

I can tell my boss, security, and _____ at work about this situation.

I can ask _____ to help screen my phone calls.

When leaving work, I will do the following to ensure my safety:

When I am driving home from work and problems arise, I will do the following:

I will alter my usual route and not shop in the same grocery stores or shopping malls and take alternative routes when driving.

I will use a different bank and at different hours than I did before I was being stalked.

Emotional Health

If I feel depressed, I can:

I can call the following people and/or places for support:

Things I can do to make me feel stronger:

Safety at Home:

I can change my locks on my doors as soon as possible. I can check with my landlord to see if it is permissible.

I can install security systems-poles to wedge against doors, electronic sensors, extra lighting.

I can tell the following people that my stalker should not be around my home, and they should call the police:

- Neighbors _____
- Friends _____
- Others _____

Enforcing the Order for Protection:

I will keep a copy of the protection order _____ to ensure it in a safe place. I will also keep a copy with me at all times.

I will give my protection order to police department in the areas that I visit my friends, family, where I live, and where I work.

If I visit other counties, I will register my protection order with those counties.

I will tell my employer, teacher, church leader, friends, family and other that I have a protection order.

If my protection order gets destroyed, I know I can go to the County Courthouse and get another one.

If my stalker violates the protection order, I will call the police and report it. I will call my advocate, counselor, and/ or tell the courts about the violation.

Anything Else to Ensure My Safety:

Victim

Offender

Stalking Incident Log
(Make copies of this page and use if for each incident)

Date:	Time:
Location of Incident:	
Description of Incident (who, what, where, when):	
Duration of Incident:	
Which Police Agency: (Ball State UPD, Muncie PD, Delaware County PD, etc):	
Case Report #:	
Officer Name:	
Victim Advocate Name:	

Victim

Offender

Witness Information

(Make copies of this page for additional witnesses)

Date:	Time:
Name:	
Relationship to Victim (if any): Relationship to Offender (if any):	
Email Address: Address:	
Phone:	
Description of Incident (who, what where, when):	

Witness Signature

Date

Stalking Offender Information Form

Provide this information to your friends, family, and police if you are working with an officer/investigator. You may also want to attach a picture of the offender. Only fill out the information you are aware of, or able to obtain if unknown.

Name: _____

Hair Color: _____ Eye Color: _____ Height: _____

Weight: _____ Distinguishing features (glasses, scar, tattoo): _____

Email Address: _____

School Address: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Employment: _____ Hours: _____

Usual places offender is often found (ex: student center, bowling alley, mall):

Friends of the offender and contact information:

Name: _____ Contact Info: _____
Name: _____ Contact Info: _____
Name: _____ Contact Info: _____
Name: _____ Contact Info: _____

Any other information you feel would be relevant to identify the offender:

Indiana Victim Rights

If you are victimized by a crime in Indiana, you have the right:

- ⚖ To be treated with fairness, dignity, and respect throughout the criminal justice process.
- ⚖ To be informed, upon request, when a person who is accused or convicted of committing a crime directly against you has been released from custody or has escaped. This includes release or escape from mental health facilities.
- ⚖ To have your safety considered in determining release from custody of a person accused of committing a crime against you.
- ⚖ To receive information, upon request, about the status of the criminal case, the conviction, sentence, and release of the person accused of committing a crime against you.
- ⚖ To be heard at any proceeding that involves sentencing or a post-conviction release date.
- ⚖ To prepare a written or oral statement to be used in the pre-sentence report.