



**Domestic Violence  
Prevention Account**  
RCW 36.18.016(2)(b)

COUNTY	CALENDAR YEAR
COUNTY CONTACT NAME	PHONE NUMBER (AND AREA CODE)
COUNTY CONTACT EMAIL ADDRESS	

**This form must be submitted annually on or before January 31<sup>st</sup> following the end of the calendar year.**

**Total revenue collected pursuant to RCW 36.18.016(2)(b):**

Total revenue transmitted to state treasury for the calendar year      \$ \_\_\_\_\_

Total revenue retained by county for the calendar year                      \$ \_\_\_\_\_

**Total revenue disbursed by county to community-based domestic violence services for the calendar year:**

COMMUNITY-BASED DOMESTIC VIOLENCE SERVICE	TOTAL AMOUNT DISBURSED FOR THE CALENDAR YEAR
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

"Community-based domestic violence service" means a non-profit program or organization that provides, as its primary purpose, assistance and advocacy for domestic violence victims. Domestic violence assistance and advocacy includes crisis intervention, individual and group support, information and referrals, and safety assessment and planning. Domestic violence assistance and advocacy may also include, but is not limited to: provision of shelter, emergency transportation, self-help services, culturally specific services, legal advocacy, economic advocacy, community education, primary and secondary prevention efforts, and accompaniment and advocacy through medical, legal, immigration, human services, and financial assistance systems. **Domestic violence programs that are under the auspices of, or the direct supervision of, a court, law enforcement or prosecution agency, or the child protective services section of the department as defined in RCW 26.44.020, are not considered community-based domestic violence programs. RCW 70.123.020(2)**

Submit this form to:                      Department of Social and Health Services  
     Community Services Division  
     ATTN: **Domestic Violence Program**  
     PO Box 45470  
     Olympia WA 98504-5470

Or, submit electronically to:      [DVProgram@dshs.wa.gov](mailto:DVProgram@dshs.wa.gov)