

Defendant: _____

Case No: _____

Date of Incident: _____

Please fill out this form and please try to return this form within 14 days to the Barton County Attorney's Victim Advocate at 1400 Main, 3rd Floor, Great Bend, Ks 67530. You may also return this form by fax to (620) 793-1855 or by email ckomarek@bartoncounty.net. If you have questions concerning this matter, please do not hesitate to contact the Victim Advocate for the Barton County Attorney's Office.

Date: _____

Your Name: _____

Name and Relationship to Victim if Victim is a Minor Child _____

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ ext _____ Home/Cell Phone _____

Please indicate a * by your daytime phone number

Email address: _____

NAME, ADDRESS, PHONE NO. OF RELATIVE OR PERMANENT CONTACT **WHERE** YOU MAY BE REACHED OTHER THAN IMMEDIATE HOUSEHOLD.

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone (work) _____ Home/Cell _____

Nature of Loss:

Property Damage to Property Counseling

Medical Expenses Towing Charges

Other: _____

If you are the victim of a crime against person, have you applied to the Crime Victims compensation Board? Yes No

If you marked No, would you like more information about the Crime Victims Compensation Board? Yes No

YOU MUST ENCLOSE COPIES OF BILLS/RECEIPTS/ESTIMATES TO VERIFY YOUR LOSSES AND A COPY OF INSURANCE COVERAGE SHOWING DEDUCTIBLE.

FINANCIAL LOSS-MEDICAL

Doctor(s) _____

Fees _____

Hospital _____ Fees _____

Counseling _____ Fees _____

Other _____ Fees _____

Future Costs: If possible, please attach a statement from your doctor or counselor showing any anticipated future expenses.

Please complete medical insurance information (if applicable):

Policy Holder _____ Policy Number _____

Medical Insurance Co. _____ Claim Number _____

Address _____ Phone Number _____

Amount paid by insurance: _____ By Victim: _____

TOTAL MEDICAL LOSS INCURRED: _____

FINANCIAL LOSS – PROPERTY

Description of Loss

Expenses Incurred

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Property Insurance Information

Policyholder _____

Policy Number _____

Insurance Co. _____

Claim Number _____

Address _____

Phone Number _____

Amount Paid by Insurance _____

By Victim _____

TOTAL PROPERTY LOSS INCURRED: _____

If the defendant is charged with felony crimes, do you want them to be convicted of a felony (s) or would you be open to a resolution to misdemeanor (s) convictions? _____

I believe the appropriate punishment for the defendant would be: (Check all that you feel would apply)

- Jail Time Probation Community Work Service Pay a Fine No Contact with Victim(s)
- Diversion Other: _____

I () do/ () do not / wish to be notified of all public hearings which will take place concerning this case. However, this does not relieve me of my duty to testify if I am subpoenaed. I understand that if I wish to be notified of all hearings, I will receive a letter in the mail notifying me of the upcoming hearings.

The completed information is true and correct to the best of my knowledge and belief.

Signature: _____

Date _____

I do not want the Barton County Attorney's Office to prosecute this case for the following reason(s): _____

I understand that even if I request this case not to be prosecuted, the Barton County Attorney has full discretion concerning the prosecution of this case.

Signature _____

Date _____

