

Victim Statement Form

My Full Legal Name:

Victim's Name if Different:

Victim's Address:

Victim's Telephone Number:

I am the victim / parent of the victim in a case involving a juvenile offender

Facts in the case:

Please check box(es) below which best indicate(s) your request of the court

- As the victim of the above described offense I am requesting that NO action be taken against the juvenile(s) involved in the offense.

- As the victim of the above described offense, I am requesting the juvenile officer proceed in this case and take whatever action as may be necessary to meet the interests of the juvenile and to protect the people and property of this county.

I am further requesting the Juvenile Officer:

- Assist me in recovering my property or having the juvenile offender and/or parents of the juvenile make restitution to me in this matter.
 - Restitution amount requested – *(Receipts or estimates to cover repair of property or cost of stolen or damaged property must be presented to support claim.)*
\$ _____
 - If insurance claim has been/will be filed please provide the following:
Insurance Company Name:
Insurance Agent:
Address:

- If the juvenile offender and/or the parents of the juvenile cannot pay restitution in this matter, the juvenile be required to perform an appropriate number of community service work hours.

- Assist me in obtaining information on proceeding against the juvenile offender and/or the parents of the juvenile through Small Claims Court.

Victim signature

Parent signature