

Defendant : _____ Cause No. : _____

Charges : _____

Please place your initials on the lines below to all statements that apply:

_____ I do not want to be informed of court dates.

_____ I do want to be informed of court dates.

_____ I want to express my concerns about this case to a Prosecutor. I will set up a conference by calling the Prosecutor's Office at (219) 866-5321.

I understand that a plea agreement may be worked out between the State of Indiana and the Defendant, and that I have the right to appear before the Judge at the Defendant's sentencing to express my opinion.

_____ I do not choose to be notified of that plea agreement.

_____ I do choose to be notified of that plea agreement.

Victim's Name and Address: _____

Victim's Phone Number (Home): _____ (Work): _____

If you were injured, describe your injuries: _____

If your property was damaged, describe the damage: _____

Did you file an insurance claim? YES _____ NO _____

What was the total dollar amount of your loss? _____

***Be sure to include clear copies of bills, estimates or receipts.**

How much did your insurance not pay? _____

Please return to:

Victim Assistance Unit
Jasper County Prosecutor's Office
128 N Cullen St
Rensselaer, IN 47978

*Note: If this form is not returned, we shall assume that you do not want to be informed as to the progress of this case.

I affirm, under the penalties for perjury that the above information is true and correct to the best of my knowledge.

Victim Signature