VICTIM/CASE INFORMATION

Referral Source In:
Criminal Justice ☐ Social Services ☐
Mental Health ☐ Medical ☐
Brochures ☐ Other ☐

Prosecutor _____ Victim Advocate _____

WGJ/HGJ _____

Victim _____ sex/race _____ D.O.B. _____

Address _____

Telephone # _____ Employment/phone _____

Parent/Guardian _____

Defendant _____ In jail _____ On bond _____

Charge(s) _____

_____

Offense date _____ Arrest date _____

GJ date _____ Indictment # _____ Division _____

GJ Charges _____

GP date _____ Trial date _____

Case Officer _____ **Defense Attorney** _____

Activity	
Date/time/type	Narrative

VICTIM ACTIVITY	
Date/time/type	Narrative

Defendant(s): _____

Sentence: _____

VICTIM IMPACT STATEMENTS

Tracking Form

Victim's Name	Court Form to Victim	Rec'd From Victim	Original to Prosecutor for PSI	Copy Mailed to Parole Board	Parole Board Form to Victim	Rec'd From Victim	Original Mailed to Parole Board

Trial or Plea Date: _____

Sentencing Date: _____

Prosecutor:

Crime Victim Survey

Dear _____:

We need your help in evaluating our services to the citizens of Fayette County. Please take a few minutes to answer the following questions about your contact with our office. Thank you for your help as we try to improve the quality of our services to the citizens of our community. Please return the completed survey in the enclosed stamped envelope.

_____
Ray Larson, Fayette Commonwealth's Attorney

1. Please mark the boxes that apply to you:

I am a:
relative of Homicide victim ☐ Assault victim ☐ relative/guardian of Child victim ☐
Burglary victim ☐ Sexual Assault victim ☐ Robbery victim ☐ Other ☐ _____

I am: male ☐ female ☐
My race is: white ☐ black ☐ other ☐ _____
My age is: 13-17 ☐ 18-29 ☐ 30-44 ☐ 45-64 ☐ 65+ ☐

2. Were you the victim of family violence? Yes ☐ No ☐

VICTIMS' ADVOCATE ASSISTANCE

3. Did a Victims' Advocate work with you in your case? Yes ☐ No ☐

If so, please rate the following based on your contact with a Victims' Advocate:

	EXCELLENT	GOOD	FAIR	POOR
Helpfulness in dealing with your request or concern	☐	☐	☐	☐
Knowledge of your case	☐	☐	☐	☐
Solving your problem	☐	☐	☐	☐
Explanation of the Court System	☐	☐	☐	☐
Putting you at ease about what to expect	☐	☐	☐	☐

PROSECUTOR ASSISTANCE

4. Based on your contact with the prosecuting attorney assigned to your case, rate the following:

	EXCELLENT	GOOD	FAIR	POOR
Prosecutors' knowledge of your case	☐	☐	☐	☐
Accessibility of the prosecutor	☐	☐	☐	☐
Explanation of the Court System and what may happen	☐	☐	☐	☐
Information provided about your case by the prosecutor	☐	☐	☐	☐

OFFICE STAFF ASSISTANCE

5. When contacting our office by telephone or visiting in person, rate the following with regard to your contact with our secretarial staff:

	EXCELLENT	GOOD	FAIR	POOR
Helpfulness in dealing with your request or concern	☐	☐	☐	☐
Politeness	☐	☐	☐	☐
Promptness in assisting you	☐	☐	☐	☐

6. Please comment on ways our office can improve services offered to crime victims?

_____

_____

_____

_____

_____

_____

(use additional pages if necessary)

Would you like to work with other crime victims to assure that victims are treated fairly by the Criminal Justice System? Yes ☐ No ☐