

VICTIMS RIGHTS NOTIFICATION FORM

Re: State of Idaho v.

Case Number:

Your name: _____

Please complete the following by checking the options you wish to receive.

As a victim in the above-entitled case, I wish to be afforded the following rights:

____ (1) To have my property returned by law enforcement agencies as soon as it is no longer needed as evidence.

____ (2) To be notified of the time of all court proceedings in this case, and the right to be present at those proceedings.

____ (3) In cases involving crimes of violence or crimes against children – I wish to communicate with the prosecutor, and be advised of a possible plea agreement by the prosecuting attorney prior to entering into a plea agreement.

____ (4) To refuse an interview or other contact by the defendant, or by a person acting on behalf of the defendant, unless the court orders otherwise.

____ (5) To express my feelings to the Judge on the effect the crime has had on my life in a pre-sentence report given to the Judge, or directly to the Judge under oath prior to sentencing.

____ (6) To read the pre-sentence report prior to sentencing (Felony).

____ (7) To be informed of the outcome of the case against the defendant, including my appeal.

____ (8) To be notified by the Commission for Pardons and Parole of relevant parole or commutation hearing, and have the opportunity to address the commission, either in person or in writing (Felony).

____ (9) To be notified whenever the defendant is released or escapes from custody.

I have checked those rights which I wish to be afforded. In order to have these rights made available to me, I shall notify the Payette County Prosecutor's Office if there is any change in my address or phone number.

We will notify you of the proposed plea sentencing date and any other court dates that we need to have you appear for. We will notify you of the agreements in the types of

cases set out above and of the disposition of your case. Please call us at (208) 642-6096, if you have any other questions about the case status, or other court dates. You can also reach our office using the e-mail address sburley@payettecounty.org.

SIGNATURE: _____

Printed Name: _____

Address: _____

City/State: _____

Home phone: _____

Work phone: _____

email address: _____

Mail to:

Suzie Burley
Payette County Prosecutor's Office
1115 1st Avenue North
Payette, ID 83661

STATE OF IDAHO vs:

CASE NUMBER:

PROPERTY TAKEN: (include bad checks, fraud, forgery, etc. Attach an additional sheet if necessary)

1. _____

Market Value: \$_____ Replacement Cost: \$_____ Recovered: Yes/No

Covered by Insurance: Yes/No

2. _____

Market Value: \$_____ Replacement Cost: \$_____ Recovered: Yes/No

Covered by Insurance: Yes/No

3. _____

Market Value: \$_____ Replacement Cost: \$_____ Recovered: Yes/No

Covered by Insurance: Yes/No

4. _____

Market Value: \$_____ Replacement Cost: \$_____ Recovered: Yes/No

Covered by Insurance: Yes/No

****Market Value is your estimate of what the item could have been sold for at the time it was taken, damaged or destroyed.**

MARKET VALUE TOTAL: \$_____

REPLACEMENT COST TOTAL: \$_____

PROPERTY DAMAGES (Broken window, damaged automobile, etc.)

1. _____

Repair Cost: \$_____ Covered by Insurance: Yes/No

2. _____

Repair Cost: \$_____ Covered by Insurance: Yes/No

3. _____

Repair Cost: \$_____ Covered by Insurance: Yes/No

4. _____

Repair Cost: \$_____ Covered by Insurance: Yes/No

PROPERTY DAMAGE TOTAL: \$_____

MEDICAL EXPENSES (attach additional sheets if necessary. If possible, include explanation of benefits)

PROVIDER	DESCRIPTION	COST	COVERED BY INSURANCE? If yes, state amount or percentage

MEDICAL SUBTOTAL : \$ _____

PLEASE ATTACH COPIES OF BILLS, RECEIPTS OR ESTIMATES

*****GRAND TOTAL:** \$ _____ *******

LOST WAGES

IF ANY TIME WAS LOST FROM YOUR WORK AND IT WAS DIRECTLY RELATED TO THE CRIMINAL ACT, PLEASE COMPLETE THIS FORM.

EMPLOYER: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____ HOURS LOST/DATES OF LOSS: _

JOB TITLE: _____

TYPE OF WORK: _____

WAGE _____ PER _____ TOTAL: \$ _____

Supervisor or person to contact for verification: (Please include an address or phone number where he/she may be reached.)

PLEASE COMPLETE THIS SECTION IF YOU HAVE BEEN OR WILL BE COVERED
BY INSURANCE FOR ANY PART OF YOUR LOSS

INSURANCE COMPANY/AGENT _____

INSURANCE SUBSCRIPTION NUMBER: _____

(ADDRESS / Phone) _____

What is your total claim? _____

What is the amount of your deductible? _____

What payment have you or will you receive from your Insurance Company?

_____.

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.

DATED this _____ day of _____, 20_____.

NAME (printed) _____

Signature: _____

***PAGE TOTAL: \$ _____ **