

VICTIM'S RIGHTS NOTIFICATION FORM

STATE OF IDAHO VS.

CASE NO:

VICTIM:

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

- ___(1) To be permitted to be present at all criminal justice proceedings.
- ___(2) To be entitled to a timely disposition of this case.
- ___(3) To be given prior notification of trial court and appellate proceedings.
- ___(4) To be given information about the sentence, incarceration, or release of the defendant.
- ___(5) To be heard, upon request, at all criminal justice proceedings considering a plea of guilty, sentencing, incarceration or release of the defendant--unless manifest injustice would result.
- ___(6) To be afforded the opportunity to communicate with the prosecution and to be advised of any proposed plea agreement by the prosecuting attorney prior to entering into a plea agreement in criminal offenses involving crimes of violence, sex crimes or crimes against children.
- ___(7) To be allowed to refuse an interview or other contact with the defendant or with any other person acting on behalf of the defendant--unless such request is authorized by law.
- ___(8) To have your stolen or other personal property held by law enforcement agencies returned to you as soon as it is no longer needed for evidence.
- ___(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 Kootenai County Prosecuting Attorney's Office if there is any change in my address or phone number.

(Signature)

Name: _____

Address: _____

City/State: _____

Home Phone: _____

Work Phone: _____

Send to:

Kootenai County Prosecuting Attorney

P.O. Box 9000

Coeur d'Alene, Idaho 83816-9000

VICTIM IMPACT STATEMENT

VICTIM:

RE: STATE OF IDAHO VS.
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1. Please describe the impact of this crime on your life and/or the life of your family members. Indicate whether or not you or family members were threatened during or after the course of the incident. Special attention should be given to describing the physical and/or emotional impact resulting from this offense.

2. Did you require medical treatment for the injuries sustained? YES ____ NO ____
If yes, describe the treatment received and the length of time treatment was or is required.

Amount of expenses incurred to date as a result of medical treatment received:

\$ _____

Anticipated Expenses: \$ _____

3. Were you psychologically injured as a result of this incident? YES ____ NO ____
If yes, please describe the psychological impact which the incident has had on you.

Have you received any counseling or therapy as a result of this incident? YES ____ NO ____
If yes, please describe the length of time you have been or will be undergoing counseling or therapy and the type of treatment you have received:

Amount of expenses incurred to date as a result of counseling or therapy received:
\$ _____

4. Has this incident affected your ability to earn a living? YES ____ NO ____
If yes, please describe your employment, and specify how and to what extent your ability to earn a living has been affected, days lost from work, etc.:

5. Have you incurred any other expenses or losses as a result of this incident?
YES ____ NO ____ If yes, please specify the amount and nature of any expenses or losses:

6. Did insurance cover any of the expenses you have incurred as a result of this incident?
YES ____ NO ____ If yes, please specify the amount and nature of any reimbursement:

7. Do you have any thoughts or suggestions on the sentence which the Court should impose herein? Please explain, indicating whether you favor imprisonment:

8. If possible, please attach copies of all records necessary to support the injuries and losses described before. This includes any medical bills, official records of days lost from your employment, any estimates of value of stolen or damaged property, and any receipts for replacement of stolen or damaged property.

Date: _____ Signature: _____

PRIVACY ACT STATEMENT: There is no statutory authority for the collection of this information. This information could be used for purposes of determining the full impact of a crime upon a victim, for the purposes of obtaining court-ordered restitution for the victim, and for assisting the Kootenai County Prosecuting Attorney's Office with your case. Disclosure of this information is voluntary. Failure to disclose may result in an inadequate assessment of victims needs for the application of court-ordered restitution.

RETURN TO: Kootenai County Prosecuting Attorney's Office
P.O. Box 9000
Coeur d'Alene, Idaho 83816-9000