

VICTIM STATEMENT  
BARTON COUNTY ATTORNEY'S OFFICE

State of Kansas vs. \_\_\_\_\_(Defendant)

Barton County Case #: \_\_\_\_\_

1) Victim(s) Name(s): \_\_\_\_\_(please print)

Parent(s)/Guardian if victim is a minor: \_\_\_\_\_  
(please print)

\*If victim is a minor, please complete item # 1A/ # 1B/ # 1C

Victim's Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Home) (Cell) (Work)

Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2) I have suffered financial loss as a result of the defendant's actions as follows:

a) Nature of Loss: (check if applicable)

- |                                           |                                         |
|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Missing Items    | <input type="checkbox"/> Broken Items   |
| <input type="checkbox"/> Damaged Items    | <input type="checkbox"/> Replaced Items |
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Other:         |

b) Amount of loss for items that were checked above.  
(Please list item, amount, & attach bills or estimates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Was an insurance claim submitted for the above items?

Yes or  No (check one)

If yes, was an insurance payment received for this claim?

Yes or  No (check one)

If yes, what is the name-address-telephone #-policy # of your  
Insurance Company? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) I request restitution in the amount of: \$ \_\_\_\_\_

4) The crime has affected me and/or others as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) I believe the appropriate punishment for the defendant would be:  
(check all that you feel would apply)

- Jail Time                       Probation                       Community Work Service  
 Pay a Fine                       No Contact with Victim(s)  
 Other: \_\_\_\_\_

6) I ( ) do / ( ) do not wish to be notified of all public hearings which will take place concerning this case. However, this does not relieve me of my duty to testify if I am subpoenaed. I understand that if I wish to be notified of all hearings, I will receive a postcard in the mail notifying me of the upcoming hearings.

I attest that the completed information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

7) I do not want the Barton County Attorney's Office to prosecute this case for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that even if I request this case not to be prosecuted, the Barton County Attorney has full discretion concerning prosecution of this case.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

If you have questions concerning this matter, please do not hesitate to contact the Victim Advocate for the Barton County Attorney's Office.

Please return this Victim Statement within seven (7) days to:

Barton County Attorney's Office  
Attn: Victim Advocate  
1400 Main-Room 302  
Great Bend, Kansas 67530

This information is to be completed if victim is a minor (below the age of 18).

1A) Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(home) (cell) (work)

Employer: \_\_\_\_\_

Are you able to receive phone calls at work?  Yes or  No

1B) Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(home) (cell) (work)

Employer: \_\_\_\_\_

Are you able to receive phone calls at work?  Yes or  No

1C) Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(home) (cell) (work)

Legal Guardian's Employer: \_\_\_\_\_

Are you able to receive phone calls at work?  Yes or  No