

Victim Assistance Packet

According to the Pennsylvania Crime Victims Act, victims of juvenile offenders are entitled to certain rights. As a victim you have the right to be heard, to be present, and to be notified. Victim Advocates assist with these rights. Please talk to your victim advocate about your rights and the services you can receive.

Please complete this entire packet and return to: **Crawford County Juvenile Probation, 286 Chestnut Street Meadville, PA 16335. If you have any questions call 814-336-4061**

Juvenile's Name and docket number: _____

Victims Name: _____

Address: _____

Phone number: _____ Email: _____

Preferred method of contact: Phone Call Text Message Email US Postal Mail

To help us better serve your needs, please check one of the following:

Please send no further communication.

Please continue all notifications regarding the progress of this case.

***By indicating you would like continued notifications please mark your notification request(s). Please mark all that apply.**

Juvenile Bench Warrant (you will be notified when a bench warrant is issued, the reason it was issued and when the juvenile is located).

Review Hearings (scheduled at a minimum of every 6-months to review the status of the case in some situations the case may be closed at a review hearing. You will receive notice to attend the hearing regardless of your request, selecting this request means you want notified of the outcome).

Change in level of supervision (example: a juvenile being placed or released home)

Case Closing

Home Passes (only applicable if a juvenile is in placement)

*If you change your mind and would like notifications regarding this case, please contact this office at 814-336-4061.

CRAWFORD COUNTY JUVENILE PROBATION RESTITUTION POLICY

Pennsylvania's Juvenile Act (Section 6352) permits the Juvenile Court to order juvenile offenders to pay monetary restitution to crime victims provided that:

- A. The amount of restitution is "reasonable" based upon such factors as the youth's age and earning capacity.
- B. Its purpose is "rehabilitative" rather than punitive, the intent being to impress upon the youth a sense of responsibility for harm caused to another.

The PA Juvenile Act does not require the Juvenile Court to:

- A. Ensure that the victim will always recover the amount of restitution ordered.
- B. Take punitive action against a youth who fails to fulfill his/her restitution obligation.

In order to comply with these provisions, set forth by law, the Crawford County Juvenile Court's Probation Department will adhere to the following policy:

- A. Fulfillment of a restitution obligation will always be included as one of a youth's treatment goals.
- B. The youth's Probation Officer will make every effort to encourage the youth to fulfill a restitution obligation, including attempts to help unemployed youth find full or part-time employment.
- C. Youth who have an income or other financial resources but refuse or fail to make any effort to fulfill their restitution obligation will be required to reappear in Court before the judge to account for their failure to comply with the restitution ordered.
- D. Youth who are unemployed and have no other financial resources will be required to fulfill their restitution obligation by performing some form of community service work through the Crawford County Restitution Program.
- E. Victims who are still owed outstanding restitution sums when an offender turns 21 will receive a letter from the Court at the point when the case is being closed. In these circumstances a Judgement will be filed against the offender.

Please sign below stating that you have read the above policy and understand.

Signature of Victim _____ Date _____

RESTITUTION CLAIM FORM

Juvenile's Name and docket number: _____

Victims Name: _____

Restitution is part of the disposition ordered to reimburse victims for their *DIRECT* losses as the result of the crime. This includes property loss, cash loss, medical expenses and counseling bills. In order to request restitution on your behalf, I need the following information as well as supporting documentation. If you have questions please call me at 814-336-4061. Please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of costs.

IF NO LOSS, check this box and sign at bottom of page

Description of Loss: Medical expenses, Items stolen, damaged, etc.	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LOSS \$ _____

If you have medical bills please provide copies.

Have you received all of your bills? Yes No.

Is your treatment completed? Yes No.

Did insurance pay for some of your damages/losses? Yes No If "yes", please provide the following information.

Insurance type Auto Homeowners Defendants Insurance Other

Name of Company _____ Local Agent _____

Phone # _____ Policy # _____ Claim # _____

Deductible \$ _____ Amount paid by insurance company: \$ _____

I hereby swear that all the above listed information is absolutely true and correct to the best of my knowledge.

Signature of Victim _____ **Date** _____

Victim Impact Statement

As a victim of crime, you have a right to submit a statement to the Judge prior to the adjudication or disposition of a juvenile offender. The purpose of this Victim Impact Statement is to help the Hearing Officer/Judge and Juvenile Offender have a better understanding of the effect this crime has had on you and your family. The Hearing Officer/ Judge may ask you to make an oral statement about the impact of the crime. This written form can help you focus on what you want to say. If you choose to submit a written statement, the law requires that it be given to both the prosecution and defense attorneys as well as the Court. Completing this Victim Impact Statement is voluntary.

If you need assistance in preparing a Victim Impact Statement, or have any questions, please do not hesitate to call the Crawford County Juvenile Probation Department at (814) 336-4061 and ask for the Victim/Witness Coordinator, Cameo Behr.

Name of Victim: _____

RE: _____

I do not wish to provide a victim impact statement

I choose to make an oral statement only

Are you receiving counseling because of this crime? YES NO (if you would like some information about counselling services that might be available to you please call the office at 814-336-4061 and ask for Victim/Witness Coordinator, Janel Dunkerley).

Were you physically injured as a result of this crime? YES NO

If yes, describe your injuries and any treatment you received. _____

Did you miss any work as a result of this crime? YES NO

Did you lose wages as a result of this crime? YES NO

Was there a financial impact to you or your family as a result of this crime Yes No

If yes, please explain: _____

Please describe your feelings at the time of the crime and any current emotions (scared, angry, loss of trust) that are a direct result of this incident? _____

Does the Juvenile Probation Department have your permission to use your impact statement during Victim Community Awareness Classes? YES, please use my experience to help show how crime impacts victims. NO, I wish to keep my impact statement private.

Part of juvenile accountability is helping them understand the impact their offense had on you and your family by accepting responsibility, develop some sensitivity to the harm they caused, and to feel remorse. As such, part of our process encourages the youth to think about the harm they caused, and write a letter of apology to you. **Would you like to receive an apology letter from the juvenile?** Yes NO

Signature of Victim _____ Date _____