

JUSTICE COALITION

Victim Information Sheet

Today's Date _____

Victim's Name _____

Date of Birth _____ Age _____ Ethnic Code _____
(A= African-American, C=Caucasian, H=Hispanic, I=Asian/Pacific Islander, N=Native American, O=Other)

Your Name _____

Address _____

Main Phone _____ Work Phone _____

Email Address _____

Person completing this for is the _____ Victim or _____ Aggrieved Party

If applicable, relationship to the victim _____

Crime committed against victim _____

Was there a physical injury? _____

Did the victim/aggrieved party require medical treatment for injuries sustained in the incident? _____

Please explain _____

Date crime committed _____ Where? _____

Has a suspect been found or has anyone been convicted of the crime? _____

How did you hear about Justice Coalition? _____

Has anyone informed you of your rights as a victim? _____

Have you had any contact with the City of Jacksonville Victim Services Center? _____

Have you or anyone else in your family been recommended for or received counseling or therapy as a result of this crime? Please explain: _____

Do you have a photograph of the victim that Justice Coalition can use in its files? _____ If yes, the picture would be used in our Victims Registry and, with your permission, on television, online and/or in the newspaper. If you would like, you may even write a short tribute about the victim that would be placed with the photograph. Also, any police reports that you feel might be helpful would be placed with the photo.

Referred by: _____
