



NOTICE OF VICTIMS' ASSERTION OF RIGHTS

County: _____ People v _____

Case No. _____

Pursuant to Section 4.5(c-5)(1) of the Rights of Crime Victims and Witnesses Act (725ILCS 120/4.5(c-5)(1), I assert the rights checked below that are guaranteed to me under Article I, Section 8.1(a) of the Illinois Constitution. I understand that if I change my mind, I must complete and sign a new Notice of Victims' Assertion of Rights and give the form to the Warren County State's Attorney's Office.

- The right to be treated with fairness and respect for their dignity and privacy and to be free from harassment, intimidation, and abuse throughout the criminal justice process.
- The right to notice of and to a hearing before a court ruling on a request for access to any of the victim's records, information or communications which are privileged or confidential by law.
- The right to timely notification of all court proceedings.
- The right to communicate with the prosecution.
- The right to be heard at any post-arraignment court proceeding in which a right of the victim is at issue and any court proceeding involving a post-arraignment release decision, plea or sentencing.
- The right to be notified of the conviction, sentence, imprisonment and release of the accused.
- The right to be reasonably protected from the accused throughout the criminal justice process.
- The right to have the safety of the victim and the victim's family considered in denying or fixing the amount of bail, determining whether to release the defendant and setting conditions of release after arrest and conviction.
- The right to be present at the trial and all other court proceedings on the same basis as the accused, unless the victim is to testify and the court determines that the victim's testimony would be materially affected if the victim hears other testimony at the trial.
- The right to have present at all court proceedings, subject to the rules of evidence, an advocate and other support person of the victim's choice.
- The right to restitution.

Printed Name of Victim: _____

Signature of Victim: _____

Date: _____

WARREN COUNTY RESTITUTION REQUEST



Defendant _____ Case # _____

Victim Name _____ Phone # _____

Address _____

___ I do wish to pursue restitution ___ I do NOT wish to pursue restitution

Property Damage/Loss

Property description

Repair/Replacement Cost

<u>Property description</u>	<u>Repair/Replacement Cost</u>

Medical Expenses

Expenses (hospital, doctor visits, etc.)

\$\$ Amount of out-of-pocket cost

<u>Expenses (hospital, doctor visits, etc.)</u>	<u>\$\$ Amount of out-of-pocket cost</u>

Insurance

___ None ___ Private Insurance ___ Claim filed ___ Medicare/Medicaid

Name of Insurance Company _____

Address _____

Deductible Amount _____ Payment made _____

Total amount of restitution you are requesting _____