<Date>

Name of Victim (or Parent/Guardian if under age 18)

Address of Victim

Re: Name of Youth

JJIS No: 000000

Dear (Name of Victim/Parent or Legal Guardian):

I am writing to you about the (Enter Referral Charge) committed against you on or about on (Date of Incident). I want to convey to you our genuine concern and awareness of the hardships such an experience can create for crime victims and their families.

The Juvenile Department is committed to your safety and that of your community and to holding the youth accountable for the harm caused by this offense. To do this, it is essential that your thoughts and feelings be known and taken into account. There are four ways that you can help us with this:

1. Please complete the Request for Victim's Rights and Involvement form (enclosed). This form will explain your rights as a crime victim and will help me understand how you want to be involved.

2. Please complete the Victim Impact Statement (enclosed). Most cases are handled informally and do not go to court. If the case does go to court and you are not present this form helps to inform the court of how you were impacted.

3. Please complete the Request for Restitution form (enclosed). This form helps me determine if you experienced any financial loss. This form may be used to request the court to direct the youth to pay for damages or harm committed, as deemed appropriate.

 4. Please return these forms to me by (Date Requested By) so that I am able to honor your rights and involve you in the case to the extent you would like to be.

I have also enclosed information about your rights and the juvenile justice process.

Please contact me at (000-000-0000) with any questions about these forms or this case.

Sincerely,

Victim Services Coordinator