

NOTIFICATION REQUEST FORM

By checking the following statements you will be notified of those changes in case status. If you do not complete this section you will **NOT** be contacted by the Erie County District Attorney's Office about any changes in your case (**Adult Defendant**). Please note **VICTIMS** of **Juvenile Offenders** are notified automatically of all requests listed below.

I REQUEST:

- _____ To be notified if a plea/adjudication is offered.
- _____ To be notified of the day, time and place of sentencing/disposition.
- _____ To be notified of the outcome of the sentence/disposition.
- _____ Upon request to be notified if the defendant is released from custody at the time of sentencing/disposition.
- _____ To be notified of any reconsideration of sentence/disposition granted by the court.
(Which may include escape, runaway, absconder.)

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL AND IS STRICTLY FOR LAW ENFORCEMENT USE ONLY. IF YOU HAVE ANY CHANGE(S) IN YOUR HOME ADDRESS, OR PHONE NUMBER(S), YOU MUST NOTIFY THE RESTITUTION/VICTIM ADVOCATES, IMMEDIATELY, BY CONTACTING:

ADULT MATTERS: (814) 455-9515: 125 W 18TH ST., ERIE, PA 16501

JUVENILE MATTERS: (814) 451.7018 or (814) 451-7496: 140 W 6th St. ERIE, PA 16501, ROOM 401

IF BUSINESS INDICATE NAME: _____

VICTIM NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL:** _____ **WORK:** _____

SOCIAL SECURITY NO.: XXX-XX-_____
(Optional)

DATE OF BIRTH: _____
MM/DD/YYYY

JUVENILE CO-DEFENDANT: YES _____ NO _____

IF YES NAME(S): _____

ADULT CO-DEFENDANT: YES _____ NO _____

IF YES NAME(S): _____

IF ADULT OFFENDER DO YOU APPROVE OF WORK RELEASE: YES _____ NO _____

IF NO PLEASE INDICATE REASONING ON ATTACHED FORM.

DEFENDANT: _____ **DOCKET NUMBER:** _____

RESTITUTION CLAIM FORM

ERIE COUNTY DEPARTMENTS OF PROBATION/PAROLE

If you suffered a financial loss due to this crime/delinquency the Judge can order the defendant to pay you back. In order for the court to know how much money you are owed you must complete this form. THE ERIE COUNTY PROBATION & PAROLE DEPARTMENTS **CANNOT** COLLECT YOUR MONEY IF YOU DO NOT COMPLETE THIS FORM INDICATING A SPECIFIC DOLLAR AMOUNT OF REQUESTED RESTITUTION & PROVIDING APPROPRIATE DOCUMENTATION.

DEFENDANT: _____

DOCKET NUMBER: _____

VICTIM'S NAME AND ADDRESS: _____

WAS LOSS COVERED BY INSURANCE? (PLEASE CIRCLE ONE) YES NO IN PART

DID YOU PAY A DEDUCTIBLE YES NO IF YES \$ _____

IF YOUR ANSWER WAS "YES" OR "IN PART" YOU MUST COMPLETE THE FOLLOWING INFORMATION:

AMOUNT OF CLAIM PAID BY THE INSURANCE COMPANY \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY:

CLAIM # : _____

PHONE NUMBER: _____

NAME OF POLICY HOLDER: _____

POLICY # : _____

YOUR OUT-OF-POCKET LOSS (LOSS THAT WAS NOT REIMBURSED BY INSURANCE, EMPLOYERS, ETC.):

- ✓ LIST ANY/ALL OUT-OF-POCKET EXPENSES AS A RESULT OF THIS CRIME.
- ✓ LIST ANY MEDICAL EXPENSES NOT COVERED BY INSURANCE THAT WERE INCURRED AS A RESULT OF THIS CRIME.
- ✓ ATTACH PHOTOCOPIES OF BILLS AND RECEIPTS TO SUBSTANTIATE YOUR CLAIM.
- ✓ WAS VICTIM COMPENSATION FILED/RECEIVED IF YES PLEASE INDICATE CLAIM AMOUNT.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE BACK OF THIS FORM)

TOTAL AMOUNT OF YOUR OUT-OF-POCKET LOSS: \$ _____

PLEASE PROVIDE THE NAME & CONTACT INFORMATION OF A BENEFICIARY SHOULD YOU BECOME DECEASED:

NOTE: ANY INFORMATION GIVEN FALSELY MAY SUBJECT YOU TO A POSSIBLE CRIMINAL ACTION FOR UNSWORN FALSIFICATION TO AUTHORITIES, UNDER SECTION NO 4904 OF THE CRIMINAL CODE OF THE COMMONWEALTH OF PENNSYLVANIA, WITH THE CONSEQUENCE OF A PENALTY OF ONE (1) YEAR IN JAIL, AND/OR A \$2,500 FINE.

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS ABSOLUTELY TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.

VICTIM'S SIGNATURE: _____

IMPACT STATEMENT

A copy of this form will be given to the Judge before the Defendant is sentenced. It is important for the courts to know how this crime has affected your life. If there is anything additional you would like the Judge to know please write those thoughts on the back of this page or feel free to write him/her a letter instead. **FEEL FREE TO ADD ADDITIONAL PAGES IF NEEDED.**

Directions: Please **CIRCLE** the word that best describes the impact of the crime.

1. As a result of this crime:

How much have you feared for your safety?	None	Mild	Moderate	Severe	Extreme
How much anxiety have you experienced?	None	Mild	Moderate	Severe	Extreme
How much sadness have you experienced?	None	Mild	Moderate	Severe	Extreme
How much anger have you experienced?	None	Mild	Moderate	Severe	Extreme
How much difficulty have you had trusting others?	None	Mild	Moderate	Severe	Extreme

2. Since the crime occurred, how much difficulty have you had:

Difficulty concentrating on doing something for ten minutes?

None Mild Moderate Severe Extreme/Cannot Do

Difficulty remembering to do important things (i.e. paying bills, returning phone calls)?

None Mild Moderate Severe Extreme/Cannot Do

Difficulty taking care of household responsibilities?

None Mild Moderate Severe Extreme/Cannot Do

Difficulty taking care of work responsibilities/school responsibilities?

None Mild Moderate Severe Extreme/Cannot Do

Difficulty maintaining friendships?

None Mild Moderate Severe Extreme/Cannot Do

3. How much of an impact has this crime had on your life?

None Mild Moderate Severe Extreme

4. How much of an impact has this crime had on your children/family/friends?

None Mild Moderate Severe Extreme

DEFENDANT: _____ **Docket #:** _____

