**Notice to Victims  
(Juvenile Court Intake)**

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| --- | --- |
| To: | Intake Case Number |
| County |
| Case Type  Delinquency  In Need of Protection / Services under Ch. 938  Ordinance / Civil Law |

As required by §§938.346, Wisconsin Statutes, the following information is being provided to you because you were the victim of a crime allegedly committed by a juvenile (a youth). If there is more than one youth involved in the incident, you may receive a letter for each youth involved.

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| --- | --- | --- | --- |
|  |  | A. | The youth’s case was closed on      . |

OR

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | B. | The youth’s case has been closed in this county and referred to       County where the youth resides. |

OR

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | C. | The youth was placed on a Deferred Prosecution Agreement (DPA), which would be in effect from       to      . |

This DPA is an agreement in which the youth must meet certain responsibilities and is signed by the youth, parent or guardian and the intake worker. Some of these responsibilities may include staying out of trouble, regular school attendance, community service and restitution.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Restitution in the amount of $      is a requirement of this DPA. |
|  |  |  | Providing repairs or services to the victim is a requirement of this DPA. |

If the obligations of the agreement are not met, the DPA can be revoked and a petition to bring the youth into court may be filed by the District Attorney’s Office. If the DPA is revoked because the youth failed to meet his / her obligation(s), and a petition if filed, you will be contacted the District Attorney’s Office.

**Note:** See attachment for additional information regarding your rights and options.

Further questions about this notice may be directed to the Juvenile Court Intake Office. The juvenile court intake worker cannot disclose any further information about this case or the youth involved, and cannot give legal advice.

All decisions by Intake are reviewed by the District Attorney’s Office or Corporation Counsel’s Office.

The youth’s case was referred to the District Attorney’s Office for review.

|  |  |
| --- | --- |
|  | The Victim Impact Statement was received. |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** |  |  |  |
|  | Name – Intake Worker | | Print Name |
|  |  | |  |
|  |  |  |  |
|  | Telephone Number - Intake Worker | | Date Signed |

DISTRIBUTION:

Original – Victim

Copy – Juvenile intake worker