**Re:**

This letter is to inform you that on      ,       received a referral from       alleging an offense by one or more youth under the age of 17, and you or your child were named as victims of this alleged offense.

The letter will also inform you of the initial steps in the youth justice process, including the rights which you are afforded under the law. **To avail yourself of these rights,** **please complete and return the attached materials to** **by** **.**

A juvenile court intake worker will conduct an intake inquiry and make a recommendation to the District Attorney as to how the matter should be handled. As part of the inquiry the worker will review the facts of the case, meet with the youth(s) involved and their parents (if appropriate), and incorporate the information gathered into a risk assessment. The risk assessment is based on research and indicates the likelihood that the youth(s) will reoffend. After taking into account the results of this assessment, the worker may recommend one of the following outcomes:

1. The referral may be closed. The youth may or may not be referred for other services.
2. The worker, the youth(s), and the youth’s parents (if appropriate) may enter into a Deferred Prosecution Agreement (DPA). A DPA is a signed contract between the worker, the youth(s), and the youth’s parents that could require the youth(s) to meet certain obligations, such as participating in counseling, performing community service, restitution to victims, or other options. If the youth(s) comply with the conditions of the agreement, their charges will be dismissed and their case closed. If they do not comply, the District Attorney may file a petition to formally prosecute (see outcome 3 below). **The worker must offer you a reasonable opportunity to confer with him or her before entering into a DPA.**
3. The worker may request that the District Attorney file a petition alleging the youth(s) committed delinquent acts. This would initiate formal juvenile court proceedings.

As a victim you are entitled to a number of rights. For more details, please **see the attached** **Victim Information and Rights document**.

If the offense committed against you or your child resulted in personal injury or property loss, you may provide the worker with information to help establish an accurate figure for restitution. Restitution is payment from the youth(s) or their parent(s) to the victim(s) for the financial harm caused by the youth’s offense. Please **fill out the attached** **Victim Restitution Form.**

If you would like to provide additional input to the juvenile intake worker regarding how to proceed in the case, please **fill out the attached Victim Response Form.**

**The worker must make their decision in a short period of time. If you wish to exercise these rights, please return any materials to** **by** **.**

Sincerely,

**Victim Information and Rights**

**For Your Information:**

1. **Below is the procedure for obtaining the identity of the youth(s), the youth’s parents, and the youth’s police records under state law.**
	1. To obtain the **names or addresses of the youth(s) and the youth’s parent(s)**, contact      . You may also be able to obtain the information from court. To do so, send a written request for release of names to      . Include in your request your name and address and the case number referenced in this packet. In either case, the responding agency’s policies will determine what information may be shared with you.
	2. To obtain a **copy of the police report**, contact      . You may also be able to obtain the information from court. To do so, you will need to obtain a Petition for Release of Information from the Clerk of Courts Office,      . In either case, the responding agency’s policies will determine what information may be shared with you.
	3. You may only use or further disclose information about the youth(s) and the youth’s parents for the purpose of recovering for the injury, damage, or loss suffered as a result of the youth’s act.
2. **You may be able to pursue restitution from the youth’s parent(s) in civil court.**
	1. A parent is liable for the value of damage to property, unrecovered stolen property, or treatment for personal injury caused by the youth’s actions.
	2. The youth’s parent(s) may not be liable for a value exceeding the limit set in small claims court for damages resulting from any one act of the youth(s), in addition to court costs and fees, as determined by the court.

**As a victim, you have all the following rights:**

1. To confer with the intake worker before he or she enters into a Deferred Prosecution Agreement (for details, see **Victim Response Form**).
2. To seek restitution from the youth(s) or their parents (for details, see **Victim Restitution Form**).
3. To be accompanied by a service representative during proceedings in the case, as provided by law in certain circumstances.
4. To apply for Crime Victim Compensation from the state Department of Justice, Crime Victim Services program. They may be reached at 1-800-446-6564. For more information, visit [doj.state.wi.us/ocvs](file://dcfint.wistate.us/share/DSP/BYS/4%20-%20Youth%20Justice/Data/Youth%20Specific%20Case%20Management%20planning/Forms%20-%20DPA%2C%20Victims%2C%20Restitution/DCF%20drafts/doj.state.wi.us/ocvs).
5. To a speedy disposition of the case.
6. To have personal property returned when it is no longer needed as evidence.
7. To complain to the state Department of Justice concerning your treatment as a crime victim and to request a review by the Crime Victims Rights Board. To file a complaint please contact the state Department of Justice, Crime Victim Services, at 1-800-446-6564.

**Victim Response Form**

**Return to:**

**Return by:**

**Re:**

As the victim of a crime committed by one or more youth(s), your input can help the juvenile court intake worker decide on the appropriate action to take. **Please fill out the information below, then sign and return this form by the date listed at the top.**

**You may confer with an intake worker.**

The intake worker must make their decision within a short period of time. If the worker decides it is appropriate, they may enter into a deferred prosecution agreement (DPA) with the youth(s) and their parent(s). If the youth(s) comply with the conditions of the agreement, their charges will be dismissed and their case closed. If they do not comply, the District Attorney may formally prosecute. **You have the right to confer with the intake worker before they enter into a DPA. If you would like to confer with the worker, you should indicate your interest by the stated date.**

**Would you like to confer with the intake worker? (select one)**

[ ]  **Yes**, I want to confer. I prefer to be reached at:

|  |  |  |
| --- | --- | --- |
| Address | Home Phone | Work Phone |
| Work hours | Other contact information |

[ ]  **No**, I do not want to confer. However, I hope the worker will consider the following in their outcome decisions (e.g., counseling, alcohol/drug treatment, restitution, community service, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**[ ]  No**, I do not want to confer, but I do want to be informed regarding the outcome of this case.

If you would like to, you may include a letter or contact us via email telling us how this crime has affected you (i.e., emotionally or in any other way). This is not required. Note that if the case proceeds to a formal delinquency petition, the District Attorney’s office will also offer you the opportunity to submit a victim impact statement at that time.

This field is not pre-filled.

This field is blank on the template.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  |  |  |  |
| Victim Signature |  | Print Name |  | Date Signed  |

**Victim Restitution Form**

**Return to:**

**Return by:**

**Re:**

As the victim of a crime committed by one or more youth(s), you have the right to request that the youth(s) repay you for the costs of lost or damaged property and for the costs associated with physical injury, excluding pain and suffering. This repayment is known as restitution. It may be paid in the form of cash payments, or, if you agree, in the form of services the youth(s) perform for you, or both. The custodial parent(s) of the youth(s) may also be required to contribute to restitution.

**In order to determine the correct amount of restitution you are owed by the youth(s), please fill out the information below, then sign and return this form by the date listed at the top.**

List each item and the amount being claimed. If a cost was covered by insurance, list the insurance company, policy number, amount deductible, amount paid, and add these two to compute the total amount claimed. If a cost was not covered, list the total amount claimed. If you need additional space, you may attach a separate sheet. Provide copies of receipts, bills, and estimates whenever possible.

**Property Loss/Damage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Description | Insurance Company | Policy Number | Amount Deducted | Amount Paid | Total Amount Claimed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Personal Injury/Medical Expenses/Out of Pocket Expenses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Description | Insurance Company | Policy Number | Amount Deducted | Amount Paid | Total Amount Claimed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Total amount of restitution I am requesting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance information for policies listed**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance company | Address  | Agent Name | Agent telephone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Victim Signature |  | Print Name |  | Date Signed  |