

**JUVENILE SERVICES**

650 FERRARI–MCLEOD BVD.

RENO, NEVADA 89512

(775) 325-7800

Attached is the Victim Services Packet (VSP) for The Department of Juvenile Services. Completion of this packet is strictly voluntary on your part. If you elect to respond, please review the attached information and turn in the completed documents via fax, email or mail.

If you need help filling out the forms or gathering information, please call in the Victim Services office, 775-325-7875.

We look forward to helping you through this process. Si usted prefiere esta carta en español llame al 775-325-7844.

Sincerely,

Angie Scheidig

Case Manager

775-325-7875

775-325-7938 Fax

ascheidig@washoecounty.us

**VICTIM PACKET OPTIONS**

|  |
| --- |
| Were all items returned undamaged? |
| Yes  No  NA |
| Were out of pocket medical expenses incurred? |
| Yes  No  NA |
| 1. Do you wish to submit a victim statement? |
| Yes (see page 4)  No |
| 1. Do you wish to seek reimbursement for monetary losses? |
| Yes (See below)  No (Skip to signature)  NA |

**REIMBURSEMENT OPTIONS**

|  |  |  |
| --- | --- | --- |
| Please choose only one option | | |
|  | **Small Claims Court** | For information needed to file in Small Claims court, call the District Attorney’s office at (775) 328-3403. Juvenile Services cannot release information due to confidentiality. |
|  | **Community Service** | No monetary reimbursement will be awarded but rather, the community will benefit from the offender’s labor. |
|  | **Monetary Reimbursement** | Complete page 3 with the necessary documentation and return by fax, email or mail. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Date** |
|  |  |  |
| **Print Name** |  | **Email** |
|  |  |  |
| **Address** |  | **City, State, Zip Code** |
|  |  |  |
| **Phone** |  | **Alternate Phone** |

**VICTIM LOSS STATEMENT**

Complete this form and attach any estimates or receipts. Return all documents to the Washoe County Department of Juvenile Services in the enclosed envelope.

Please list property taken, damages, or the type of injuries you have sustained. **Attach bills, receipts or estimates.** Documentation is necessary to obtain reimbursement. List only property you believe has not been recovered. **Do not list property being temporarily held in evidence by police**. If you need more space, please use additional sheets.

**PROPERTY LOSS/DAMAGE**

|  |  |
| --- | --- |
| Description of Property | Cost to Replace/Repair |
|  | $ |
|  | $ |
| **Total Property Loss** | $ |

**PERSONAL INJURIES**

|  |  |
| --- | --- |
| Injury | Out of Pocket Cost |
|  | $ |
|  | $ |
| **Total Out of Pocket Loss** | $ |
| TOTAL AMOUNT OF MONETARY LOSS | $ |

Have you filed or do you intent to file a claim with your insurance? \_\_\_ **Yes**  \_\_\_ **No**

This information is needed regardless of whether or not you file an insurance claim. If you file a claim with your insurance, the juvenile court will only order restitution for the out of pocket expenses you incurred (i.e. Your deductible, non-covered expenses). Your insurance company will need to pursue restitution for their loss through civil court.

Insurance Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **I declare the foregoing true and correct** |  |  |
|  |  | **Signature of Victim** |

Amount of insurance deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim Impact Statement (oPTIONAL)

Please describe in your own words how this offense impacted your life and/or your family’s. This statement may be presented to the Juvenile Judge at a court proceeding if the case goes to court.

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| --- |
|  |
| **Signature of Victim** |

|  |
| --- |
|  |
| **Print Name** |

Please check here if you do not what your name to be used in court or released to the juvenile offender.