

"Standing Up For The Rights Of Victims"

CRIMEFIGHTERS

We're fed up with crime...And we're doing something about it
PO BOX 5, GRAND ISLE LA 70354
Cell (504)270-7513 Office (985) 242-4364 Fax (985)787-2477

CRIMEFIGHTERS VICTIM INTAKE SHEET

PLEASE PRINT CLEARLY WHEN FILLING OUT THIS FORM ONCE YOU HAVE FILLED OUT THIS FORM PLEASE RETURN IT TO THE PERSON WHO GAVE IT TO YOU OR FAX IT DIRECTLY TO CRIMEFIGHTERS AT (985)787-2477. A VOLUNTEER (PRO BONO) CRIMEFIGHTERS REPRESENTATIVE WILL CONTACT YOU AS SOON AS POSSIBLE. YOU MUST BECOME A MEMBER OF CRIMEFIGHTERS FOR US TO ASSIST YOU. MEMEBERSHIP IS COMPLETELY FREE.

TODAY'S DATE _____ INFO TAKEN BY _____

1. NAME OF VICTIM _____ D.O.B. _____

2. YOUR NAME IF NOT THE VICTIM _____

3. RELATIONSHIP TO VICTIM _____

4. VICTIM'S HOME ADDRESS _____

5. YOUR HOME ADDRESS _____

6. HOME PHONE _____ CELL # _____

7. EMAIL ADDRESS _____ PREFERRED CONTACT NO. ___ HOME ___ CELL

8. PARISH WHERE OCCURRED _____ DATE _____

9. DETAILS OF CRIME: _____

10. WAS THE CRIME REPORTED? YES ___ NO ___ DATE REPORTED _____

11. IF YES, WHICH AUTHORITIES? _____

12. IF NO, WHY NOT? _____

13 ITEM # (CASE #) ASSIGNED TO YOUR CASE _____

14. IS THE PERPETRATOR STILL IN CUSTODY? _____

15. CAN VICTIM I.D. PERPETRATOR? YES ___ NO ___

Signature _____

** USE THE BACK OF THE FORM FOR ADDITIONAL DETAILS IF NEEDED**