

Please fill out and return at your earliest convenience.

Our File # _____

Defendant _____

VICTIM PROFILE FORM

Name _____ Sex _____

Address _____ Race _____

City _____ Zip _____ Age _____

Home Phone _____ Marital Status _____

Employed at _____ Employed at _____

Hours _____ to _____ Phone _____

Business Phone _____

Name and Phone of Close Friend or Relative _____

Type of Crime _____

Date _____

Location _____

Offender Known to Victim? Yes _____ No _____

Relationship _____

Any Injury? Yes _____ No _____ Specify _____

Ambulance Service? Yes _____ No _____ Hospital _____

Medical Follow-up Necessary? Yes _____ No _____ Physician _____

PROPERTY LOSS NOT RECOVERED BY POLICE* Dollar Amount \$ _____

Specify _____

Rental Property: Yes _____ No _____ Landlord _____

Address _____ Telephone _____

Loss Covered by Insurance? Yes _____ No _____

Insurance Company: _____ Deductible _____

Address: _____

_____ Telephone _____

Claim Adjuster _____

*** IF PROPERTY LOSS IS INDICATED, PLEASE ATTACH ALL COPIES OF BILLS, RECEIPTS OR ESTIMATES REGARDING LOSS.**

Any health problems we should be aware of?

Any plans or commitments to be out of town in the near future?
