



OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF RIVERSIDE

DATE

Victim, Next of kin, Parent/Guardian
Street Address
City, State, Zip Code

Dear Victim, Next of kin, Parent/Guardian:

Case No. _____

SUBJECT: People v. _____

As you may know, the Riverside County District Attorney's Office has filed criminal charges against _____.

Nothing in life prepares a person to be the victim of a crime. The Riverside County District Attorney's Office recognizes that crime is not just breaking the law, people may be significantly impacted. A majority of victims experience loss and sorrow mixed with acute feelings of injustice, distrust, and helplessness. With this in mind, it is our mission to offer support in any way we can, fully understanding that the criminal justice system is often confusing and hard to comprehend. You are not alone. We want to help you at every step and include you in the process so that your voice is heard.

Moreover, as a victim, next-of-kin of a victim or parent/guardian of a victim, **you have certain rights.** The Riverside County District Attorney's Division of Victim Services is dedicated to a system of justice that is inclusive of crime victims and will remain vigilant in striving to provide the most effective service to the people of Riverside County.

The enclosed **Victim Rights Manual** details every right available to you. For further information about your rights or this case, please call the Division of Victim Services at the number listed below. When you call, you will be assigned a Victim Services Advocate, who, along with the Victim Rights Manual, will help you locate resources, protect your rights, keep you informed and help navigate you through the criminal justice system. To do this however, we must have your current address and phone number; and if possible, an e-mail address to contact you on the development of your case.

Together we will make our neighborhoods safer for us and for the generations to come. It is an honor to serve as your District Attorney.

"A Victim's Voice Will Be Heard"

Very truly yours,

ROD PACHECO
District Attorney

kmk
#1 Filing Letter - Victim
Enclosure: Victim Rights Manual
Victim Impact Statement

VICTIM IMPACT STATEMENT

(Please use an additional sheet of paper if more space is needed)

DEFENDANT(S) NAME: _____ D.A. # _____ COURT # _____

VICTIM(S) NAME: _____ Type of Crime: _____

TELEPHONE NUMBER: _____ Cell Phone: _____

ADVOCATE NAME: _____

BEING COMPLETED BY: _____ RELATIONSHIP: _____

I. EMOTIONAL / PHYSICAL IMPACT:
(How has this affected you and your family-physically & emotionally? List any injuries or continuing problems.)

II. FINANCIAL IMPACT:
(List any personal property loss, medical expenses-current or future-counseling expenses, funeral/burial expenses, lost wages/income loss, and any other expenses incurred as a result of being victimized.)

III. SENTENCING RECOMMENDATION:
(Discuss what you would like to see the Judge impose on the defendant at sentencing-jail time, counseling, restitution, no contact order-and any other information you want the Judge to know.)

As a victim you have the right to appear at sentencing and address the court. A defendant may plead guilty and request to be sentenced immediately. In that event, please tell us if you are willing to waive your right to be present at sentencing.

[] Yes, I waive my right to be present at sentencing and agree that the defendant can be sentenced immediately.

[] No, I do not waive my right to appear at sentencing and want to be present at sentencing.