

**W. RICHARD CHIAPETE**  
**District Attorney**

Patricia Hanson  
Deputy District Attorney

May 9, 2016



**Office of the District Attorney**

Racine County Courthouse  
730 Wisconsin Avenue  
Racine, Wisconsin 53403-1274  
General: (262) 636-3172  
Victim/Witness: (262) 636-3858  
V/W Facsimile: (262) 636-3465  
Facsimile: (262) 636-3346

**Assistant District Attorneys:**

Mackenzie Bishop  
Bridget Brave  
Thomas J. Coaty  
Gerad Dougville  
Robin Green  
Matthew Hastings  
Dirk Jensen  
Lillian V. Lewis  
Maureen Morris Martinez  
Robert Repischak  
Antoinette Rich  
Sharon Riek  
Rebecca Sommers  
Christopher D. Steenrod  
Jennifer Tanck-Adams  
Brian Van Schyndel  
Michael P. White

Dear :

I wish to inform you that the Racine County District Attorney's Office has issued one or more criminal charges against the following defendant(s): . You or your minor child may be considered a victim under Wisconsin law.

I have enclosed a Restitution /Victim Notification Form. If you wish to speak with a member of this office regarding your case, request restitution, or wish to be notified of future court dates, you must accurately complete and return the attached form to the Victim Witness Office. Felony crime victims also have the right to review portions of the Pre-Sentence Investigation report. Information specific to your case including charging decisions, hearing dates, and sentencing information is readily available via the Wisconsin Court Access web site ([wcca.wicourts.gov](http://wcca.wicourts.gov)).

The Victim Witness Program of the District Attorney's Office is here to assist you as the victim of a crime. Your rights and your needs are important to us. Please feel free to call the Victim Witness Office at (262) 636-3858 or 1-800-924-1506, if you have questions or concerns regarding your case or your rights as a victim.

**We must receive the attached form back within 14 days of the date of this letter or the case may proceed without your input.**

Sincerely,

Victim Witness Assistance Program

## RESTITUTION AND VICTIM NOTIFICATION FORM

As a victim of a crime, you have several rights under Wisconsin law. You may choose to exercise some, all or none of these rights. In order to exercise your rights, you **must** return this completed form immediately to the Victim Witness Office.

**THE VICTIM WITNESS OFFICE MUST RECEIVE THIS FORM WITHIN 14 DAYS OF THE DATE PRINTED ON THE LETTER.** If you do not return this form, this case may proceed to a resolution without your input. You are always free to contact our office regarding this case and your rights as a victim.

**Please fill in the following information and check one or more of the appropriate boxes.**

Your Name _____	Defendant: _____
Address _____	Court Case No.: _____
_____	DA Case No.: _____
_____	Agency Number: _____
Home Phone _____	Work Phone _____
Signature _____	Date of Signing _____

**Restitution.** I wish the court to consider my request for restitution:  
 (Please provide supporting documentation for restitution request. If no documentation is provided prior to sentencing, restitution will be set at zero. Restitution does not provide for pain, suffering, or mental anguish.)

Medical Expenses _____	\$	_____
Property Damages _____	\$	_____
Lost Wages _____	\$	_____
Other Losses _____	\$	_____
Total Loss	\$	_____

Insurance Company: \_\_\_\_\_  
 Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of Company \_\_\_\_\_  
 \_\_\_\_\_

Amount owed to Insurance Company	\$	_____
Amount owed to me	\$	_____

- Discuss Case.** I wish the opportunity to speak with a representative of the District Attorney's Office regarding this case, including potential plea agreements and sentencing recommendations.
- Notice of All Court Hearings.** I wish to receive notice of the time and place of all court hearings involving my case.  Mail or:  E-mail: \_\_\_\_\_
- Notice Only of Sentencing Date.** I wish to receive notice of the time and place of only the sentencing hearing involving my case.  Mail or:  E-mail: \_\_\_\_\_
- Review Pre-Sentence Investigation Report (Felony Cases):** I wish to review victim specific portions of the report.
- VOICE Notification.** I wish to receive notification of offender status if they are sentenced to the Department of Corrections.
- Disposition of the case.** I wish to receive the final outcome of this case.  
 You have the right to make a victim impact statement, either by letter or by personally appearing before the court at the time of sentencing.
- I wish to make a victim impact statement:**  
 I will send in a written statement     I will speak at sentencing

Return this form to: **VICTIM WITNESS ASSISTANCE PROGRAM**  
**RACINE COUNTY COURTHOUSE 2<sup>ND</sup> FLOOR**  
**730 WISCONSIN AVENUE**  
**RACINE WI 53403-1274 (262) 636-3858 OR 1-800-924-1506**