

**Clay County Crime Victim  
Participation/Notification Request Form**

Defendant's Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_ Phone Numbers & Hours to Call:  
 Address: \_\_\_\_\_ Home: \_\_\_\_\_ between \_\_\_\_\_  
 \_\_\_\_\_ Work: \_\_\_\_\_ between \_\_\_\_\_  
 \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Please check all applicable responses:

- I wish to be notified of all future court dates.
- I wish to be notified of final judgment/sentence only.
- I wish to request restitution and have noted the amount(s) requested below.
- I am the legal guardian and/or representative of the above-named minor child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_

**Personal Property:**

Please provide written estimates and/or supporting documentation to accompany this form.

**Personal Property Loss**

Item/Damage	Recovered or Repaired?	Estimated Replacement or Repair Costs	Insurance Claim Filed?	If "Yes", with Whom?

**Personal Injury:**

Description of injuries incurred: \_\_\_\_\_

**Medical/Physical/Therapy/Counseling/Treatment**

Doctor/Hospital/Clinic	Address	Telephone	Dates of Treatment	Cost to Victim (best estimate, past and future)

Has an Insurance Claim been filed and/or have you received reimbursement from insurance companies or other sources (charity care, Medicare/Medicaid, etc.)? Yes / No (please circle)

\* *Please Note:* if you are a victim of a crime of violence or DUI resulting in personal injury, you may be entitled to monetary assistance through the *SD Crime Victim's Compensation Fund*. To determine eligibility/apply please visit: <https://dss.sd.gov/keyresources/victimservices/> or call 1-800-696-9476