

Office of the State Attorney
Fourth Judicial Circuit of Florida
www.sao4th.com



311 West Monroe Street
Jacksonville, Florida 32202-4242
Tel: (904) 255-2500

MELISSA W. NELSON
STATE ATTORNEY

STATE ATTORNEY'S OFFICE VICTIM CRIME REPORT

Please fill out this form as completely as possible, print it, and sign it. This form may be dropped off or mailed to the State Attorney's Office at 311 W. Monroe St., Jacksonville, FL 32202.

An Assistant State Attorney will review the provided information and relevant reports by law enforcement. The attorney or an investigator may contact you or witnesses for additional information. The State Attorney's Office will advise you of a prosecutorial decision once it is made. This decision may involve the filing of charges with an arrest or summons, referral to a prosecutorial diversion program, or declining of filing charges where there is insufficient evidence or no reasonable probability of conviction.

COMPLAINANT INFORMATION:

Complainant's Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

SUSPECT INFORMATION:

Suspect's Name: _____

Race: _____ Sex: _____ Date of Birth (If Known): _____

Address (If Known): _____

Relationship to Complainant: _____

Length of Time Known Suspect: _____

ADDITIONAL SUSPECTS (if any):

Suspect's Name (2): _____

Race: _____ Sex: _____ Date of Birth (If Known): _____

Address (If Known): _____

Relationship to Complainant: _____

Length of Time Known Suspect: _____

Suspect's Name (3): _____

Race: _____ Sex: _____ Date of Birth (If Known): _____

Address (If Known): _____

Relationship to Complainant: _____

Length of Time Known Suspect: _____

POLICE REPORT INFORMATION:

Did complainant call law enforcement? Yes / No

- What agency responded (Jacksonville Sheriff's Office, Jacksonville Beach Police Department, etc.)? _____
- Who was the reporting officer? _____
- If complainant did not contact law enforcement, please explain why:

Police Report (CCR) Number: _____

Date of Incident (Or date range): _____ Location of Incident: _____

Crime Noted on Police Report: _____

CRIME INFORMATION:

Was the Suspect Using Alcohol or Drugs? _____

Was the Complainant Using Alcohol or Drugs? _____

Please list all witnesses who observed any part of the criminal offense, including their phone number, home address, and email address (if known):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Did you receive any medical treatment or hospitalization? If so, explain:

- Where did treatment occur? _____
- Have you received any medical bills, or have you paid any medical bills related to the incident? _____
- Would you agree to allow the State Attorney's Office to subpoena your medical or treatment records? _____

Was a weapon used? Yes / No

- If so, what? _____

Does this case involve an injunction? Yes / No

- What is the Case Number for the Injunction? _____
- How long has the injunction been in effect? _____

Was there property damage? Yes / No

- What property was damaged? _____
- What is the approximate value of the damaged property? _____
- Do you have documentation of the property loss? (Receipts, repair estimates, repair bills?) _____

Do you have any other photographs or materials related to the incident (Ex.: text messages, emails, voicemails, surveillance video, etc.)? Please describe or attach any relevant documentation:_____

Please give a brief recitation of the facts (attach an additional page, if necessary): _____

What is your desired outcome for the case? _____

I swear and affirm the information on this form is true and correct.

[Complainant's Signature]

If assistance has been provided by any individual in completing this form, the following must be completed:

I swear and affirm that I have assisted the complainant with the completion of this form and have done so truly and accurately.

Name of Person Giving Assistance

[Signature]