

**Office of the Solicitor  
Fourth Judicial Circuit**

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**William B. Rogers, Jr.  
Solicitor**

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1 Public Square  
Room 410  
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Defendant:		Case #:
Charge(s):		V/W Advocate:
Co-Defendant(s)		Case #:
Asst. Solicitor:		

**TO BE COMPLETED BY VICTIM OR \*\*REPRESENTATIVE** (if victim is a minor, business, deceased or incapacitated)  
Please return this form **within 10 days**. Failure to do so may result in your receiving no further hearing notifications or information regarding your case—assistance in completing this form is available upon request.

<b>Victim Name:</b>	<b>Phone# VERY IMPORTANT, please provide:</b>
<b>**Representative:</b>	<b>Home:</b>
<b>Relationship to Victim:</b>	<b>Work:</b>
<b>Mailing Address:</b>	<b>Cell/Other:</b>

**Work Address:**

**E-Mail:**

**FINANCIAL LOSS:** YOU MUST ATTACH COPIES OF RECEIPTS, BILLS, ESTIMATES AND OTHER DOCUMENTS

**Expenses:**

Medical (+) \$ \_\_\_\_\_  
 Counseling (+) \$ \_\_\_\_\_  
 Funeral (+) \$ \_\_\_\_\_  
 Property Loss/Damage (+) \$ \_\_\_\_\_  
 Deductible Amount (+) \$ \_\_\_\_\_  
 Other (+) \$ \_\_\_\_\_  
 Subtotal (=) \$ \_\_\_\_\_

**Recovery Amounts From:**

Insurance reimbursement (-) \$ \_\_\_\_\_  
 Insurance Company & Address \_\_\_\_\_  
 \_\_\_\_\_  
 Victim Compensation (SOVA) (-) \$ \_\_\_\_\_  
**TOTAL DUE:** \$ \_\_\_\_\_

**PLEASE READ AND CHECK STATEMENT(S) WITH WHICH YOU AGREE:**

- \_\_\_ I **DO** wish for this case to be **DISMISSED**. I do not wish to proceed with prosecution. **(EXPLAIN ON SEPARATE SHEET OF PAPER.)**
- \_\_\_ I **DO** agree for the accused to receive Pre-Trial Intervention instead of going to court if possible.
- \_\_\_ I **DO** wish to be notified of all court proceedings pertaining to this case.
- \_\_\_ I **DO** wish to be notified of all *post-conviction* hearings, including appeals, probation, parole, release, or escape from prison, etc.
- \_\_\_ I **DO NOT** wish to be notified of any court proceedings or post conviction hearings as listed above

**It is your responsibility to inform the Solicitor's office of any changes to your address and telephone number.**

**Please continue and complete the next page.**

This portion of the Victim Impact Statement requests information about the effects of the crime. Please consider the following questions and **respond only to those that apply to you and to this case**. You may use additional paper for your answers if needed. We encourage your input.

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**Did you suffer any physical injuries? \_\_\_\_\_ Did these injuries cause any permanent or long-term disabilities or disfigurements? Please describe:**

**Have you noticed any change in your lifestyle since this happened? (This may include personal habits, close relationships, the amount of tension and nervousness, or your ability to work.) Please describe:**

**Please describe how this crime has affected you financially?**

**Have you received any mental health counseling as a result of this crime? \_\_\_\_\_ If not, are you interested in receiving counseling?**

**Please use this space for additional comments you may have:**

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Thank you for taking time to complete and return this form. This will help your voice to be heard by the criminal justice system. Please sign and return immediately.

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Signature of victim or representative

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Date