

MEDICAL EXPENSES: Please list any medical and counseling expenses that you have incurred as a result of this crime. Please attach copies of medical bills and counseling bills and receipts relevant to this case:

Include medical provider's name, address, phone #, Tax ID, & patient account #:	Expense Amount
	\$
	\$
	\$
Are you covered by insurance?	Insurance Amount Paid - \$
TOTAL	\$

Do you anticipate any future medical or counseling expenses? _____ If yes, please include name and address of physician, anticipated length of treatment and approximate cost:

OTHER: Is there anything else you would like the District Attorney or Judge to know? _____ Include comments you wish to make about prosecution, sentencing, restitution, etc. (*attach additional sheets if necessary*):

VICTIMS COMPENSATION: If you were injured as a result of this crime, you may be eligible for Victims Compensation. If you would like additional information please call me.

Would you like to be **present** for the final outcome of this case **if your testimony is not necessary?** _____

Would you like to be **notified** of the final outcome of this case? _____

If the defendant receives **an active prison sentence** would you like to be notified by the Department of Corrections of the defendant's parole or release? _____

The information I have given on this statement is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return the completed form as soon as possible to: **New Hanover County District Attorney's Office**
316 Princess St. Suite 543
Wilmington, NC 28401

You may call our office at (910) 772-6900 if you have any questions or concerns regarding this case.

The Honorable Benjamin R. David, District Attorney www.mydistrictattorney.com
State of North Carolina
5th Prosecutorial District