

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



311 West Monroe Street  
Jacksonville, Florida 32202-4242  
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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: \_\_\_\_\_

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

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What is your desired outcome for the case? \_\_\_\_\_

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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]