

# Cherokee County Attorney

Cherokee County Courthouse  
110 West Maple, Room 212 – P.O. Box 78  
Columbus, Kansas 66725  
PH: (620) 429-3836  
FX: (620) 429-1894

Nathan R. Coleman  
*Cherokee County Attorney*

Jacob A. Conard  
*Deputy County Attorney*

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April 28, 2022

Victim Info.

RE: *State of Kansas vs*

Dear,

This letter is to inform you that criminal charges have been filed against the above named defendant by this office. As a crime victim, you have the right and are encouraged to be present at any public hearing where the defendant has the right to appear. If your testimony is necessary in a court proceeding, you will receive a subpoena giving the date and time you need to be in the court. Our office will keep you informed of proceedings as they occur.

Enclosed are a Victim Impact Statement and an Application for Restitution. Please complete and return these as soon as possible.

I am available to answer questions about the status of your case, help you with forms, and give information about community resources. In order for us to contact you about your case and the hearings, **please keep the County Attorney's Office informed of your current address and telephone number.**

Sincerely,

Legal Assistant/Victim Coordinator

**CHEROKEE COUNTY, KANSAS VICTIM IMPACT STATEMENT**

**CASE NUMBER:**

If you have been a victim of a crime it is important, in order to assist the Court, to weigh all factors relevant to a crime prior to imposing any sentence. The Cherokee County Attorney's office therefore requests your **voluntary cooperation** in completing this form. This statement is intended to be submitted to the Judge imposing sentence herein. Should you find that the space provided does not give you sufficient room to complete your response please feel free to add additional pages and indicate that question to which you are responding. When complete, please mail to:

Cherokee County Attorney  
110 West Maple, Room 212  
P.O. Box 78  
Columbus, Kansas 66725  
(620) 429-3836

You may also contact the Court Services office at any time regarding questions or concerns that you may have regarding completing this form or for any other reason. The telephone number for Cherokee County Court Services is (620) 429-3885.

It is the intent of this document and the contact that you have with the County Attorney's Office to maximize your opportunity to be heard.

NAME OF VICTIM: \_\_\_\_\_

ADDRESS OF VICTIM: \_\_\_\_\_

TELEPHONE NUMBER WHERE VICTIM CAN BE REACHED: \_\_\_\_\_

1. Please describe the nature of the incident in which you were involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. As a result of this incident, were you physically injured? \_\_\_Yes\_\_\_No

3. Did you require any medical treatment for the injuries sustained? \_\_\_Yes\_\_\_No.  
If the answer is yes, please describe the treatment received and the length of time treatment was or is required?

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4. Please list the amount of expenses incurred to date as a result of medical treatment received:  
\$\_\_\_\_\_. Anticipated expenses: \$\_\_\_\_\_

5. Were you psychologically injured? \_\_\_\_ Yes \_\_\_\_ No.

6. Have you received any counseling or therapy as a result of this incident? \_\_\_\_ Yes \_\_\_\_ No.  
If, the answer is yes, please describe the psychological impact which the incident has had on  
you:\_\_\_\_\_

7. Amount of expenses from counseling or therapy: \$\_\_\_\_\_.

8. Has this incident affected your ability to earn a living? \_\_\_\_ Yes \_\_\_\_ No  
If the answer is yes, please describe your employment, and specify how and to what extent your ability to  
earn a living has been affected, days lost from work, etc.

9. Have you incurred any other expenses or losses as a result of this incident? \_\_\_\_ Yes \_\_\_\_ No  
If the answer is yes, please explain in detail those losses or expenses and include copies of the original bills  
and be prepared to produce original copies for the Court.

10. Did your insurance company cover any of the expenses you have incurred? If the answer is yes,  
please specify the amount and nature of any reimbursement and provide copies of any payments received  
from your insurance company to you or any other service provider indicating the payment and be prepared  
to produce the original for the Court to consider at sentencing.

11. Has this incident in any way affected your lifestyle or your family's lifestyle? If yes, please explain.

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12. Are there any other residual effects of this incident which are now being experienced by you or members of your family? If the answer is yes, please explain in detail.

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13. Please describe what being the victim of crime has meant to you and your family.

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14. What are your feelings about the criminal justice system? Have your feelings changed as a result of this incident? Please explain:

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15. Do you have any other thoughts or suggestions on the sentence which the Court should impose herein? Please explain, indicating whether you favor imprisonment or probation.

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Signature

Re: *State of Kansas vs.*

Case #

**APPLICATION FOR RESTITUTION**

Name of Victim: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

It helps our office in prosecuting your case to have documentation regarding your injuries or losses. Please provide **copies** of any documentation (medical records, bills, receipts, estimates, etc.) you may have.

Description of Medical or Other Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Description of Property Loss or Expenses

_____	\$ _____
_____	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

I hereby voluntarily consent and authorize examination of all medical records, including but not limited to, disability insurance benefits and hospital/medical benefits, including diagnosis, prognosis, or evaluations. I hereby affirm that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date