

## VICTIM PACKET (VOCA PROGRAM)

This packet contains vital information concerning your rights, duties, and resources that are available to you as the victim of a crime in the state of Tennessee.

Some materials include information regarding compensation from the State of Tennessee that may be available to you through the Victim's Compensation Fund, as well as a Restitution form that you may file with our office to receive restitution from the offender. It also contains information concerning registering to receive notice that an offender has been released from custody.

Your assigned Victim/Witness Coordinator is Kate Norris. She is funded by a VOCA Grant, which allows the Seventh Judicial District Attorney's Office to assign a designated Assistant Victim/Witness Coordinator to provide services to victims of crime. ***Please note: The Victim/Witness Coordinator assigned to your case cannot provide legal advice.***

In an effort to continue this much needed and crucial funding to the victims of crime, a survey is attached to the back of this packet for you to complete, along with instructions of how to return the survey to the District Attorney's Office. Sometimes it is hard for a victim to honestly express their feelings about services they receive; however, it is extremely important to give your honest opinion, so that any areas that need improvement can be addressed and properly corrected.

Below is the contact information for Ms. Norris:

Kate A. Norris  
*Victim/Witness Coordinator*  
7th Judicial District  
101 S. Main St. Suite 300  
Clinton, Tn. 37716  
Office: 865-457-5640  
Fax: 865-457-9352  
Email: [kanorris@tndagc.org](mailto:kanorris@tndagc.org)

The District Attorney General's Office does not discriminate on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by law. We hope that you are pleased with your contact with the Victim/Witness Coordinator assigned to your case. If you are not, please review the grievance procedure form in this packet.

## VICTIM'S RIGHTS

We at the District Attorney's Office strive to foster the participation of victims and witnesses in the justice process. We recognize that your interaction with a crime, criminal, or the criminal justice system may be frightening or frustrating. We provide the following information, along with this packet to make the process easier for you. Please visit our website or contact us for more information about any of the above questions or with any other questions or concerns. We have victim/witness coordinators on staff to help you through the process.

### Domestic Violence (Order of Protection)

If you are a victim of domestic violence, all the police to file a criminal complaint. You also have the right to go to Chancery Court if you are married and file a petition requesting an Order of Protection from domestic abuse. If you are not married, you may go to the General Sessions Court to file a petition requesting an Order of Protection from domestic abuse. This petition would include the following:

- An order restraining the abuser from further acts of abuse against you or your children.
- An order directing the abuser to leave your household.
- An order preventing the abuser from harassing you or coming about you for any reason.
- An order awarding you or the other parent custody of or visitation with your minor child or children.
- An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.

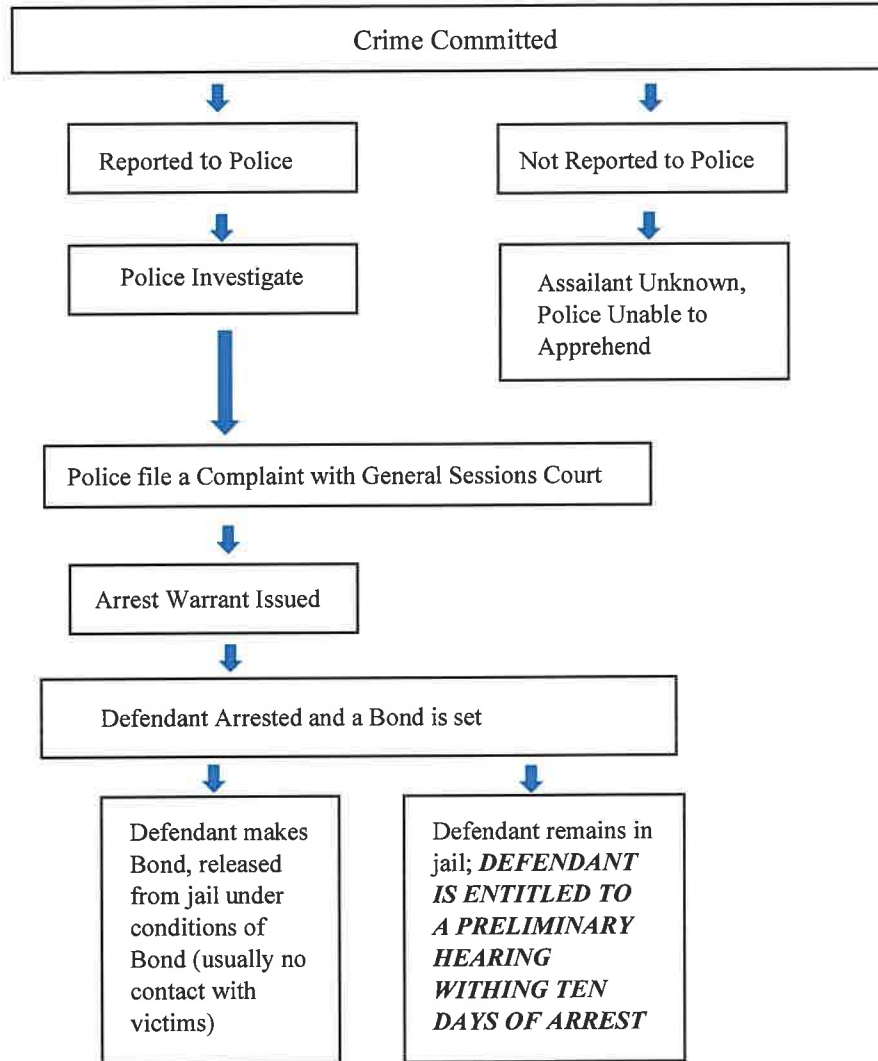
### Victim's Rights

If you are the victim of a crime, you have important rights you should know. **Tennessee law provides that crime victims have:**

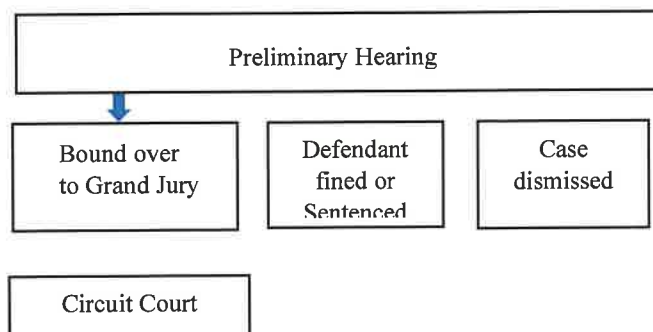
- The right to confer with prosecution.
- The right to be free from intimidation, harassment, and abuse throughout the criminal justice system.
- The right to be present at all the proceedings where the defendant has the right to be present.
- The right to be heard, when relevant, at all the critical stages of the criminal just process as defined by the General Assembly.
- The right to be informed of all proceedings, and the release, transfer, or escape of the accused or convicted person.
- The right to a speedy trial or disposition and a prompt and final conclusion of the case after the conviction or sentence.
- The right to restitution from the offender.
- The right to be informed of each of the rights established for victims.

## Steps in the Prosecution of a Criminal Case

General Sessions Courts of Anderson County:



\*Misdemeanors: The Defendant may waive the right to a hearing and be tried by the Judge.



## SUGGESTIONS FOR WITNESSES

- Be early.
- Have a neat appearance and proper dress.
- **Be patient.**
- **Tell the truth.** Even a minor fabrication can discredit a witness and weaken the case. Telling the truth means more than refraining from telling a deliberate lie. It requires that you testify accurately about what you know. All the circumstances should be stated, even if not to the prosecutor's advantage. If you don't know the answer to a question, simply say you don't know. Do not guess or speculate. However, give positive, definite answers when you do remember. If you are uncertain, don't say, "I think", or "I believe".
- If you do not understand a question, tell the attorney or judge, and ask him to explain.
- Listen carefully to the questions. **Take your time.** Give the question as much thought as you need to understand it to formulate your answer; then give the answer. Do not snap answer without thinking.
- Do not answer questions such as shaking or nodding your head. Your answers are being recorded and must be audible.
- Avoid distracting mannerisms, such as chewing gum or placing your hands in front of your mouth.
- Once you have been sworn, do not discuss the testimony with other witnesses. Stay away from the jurors during recess. Politely but firmly avoid letting jurors talk to you.

## GLOSSARY OF TERMS

**Warrant-** A written order from a judge that a person be arrested. If you are a victim or witness, the warrant is based on a written statement about the crime in which you were involved.

**Bail-** The amount paid or pledged by the defendant to make sure he or she will appear in court.

**Preliminary Hearing-** A hearing, usually in General Sessions Court, to determine if there has been reason to believe that a crime has been committed and the defendant committed it. If so, the case will be "bound over" to the Grand Jury. Victim's appearance is required if subpoenaed or requested.

**Grand Jury-** An independent group of private citizens who listen to information about the crime to decide whether the case should go to trial.

**Indictment-** If the grand jurors decide that a case should go to trial, they "return" an indictment charging the Defendant with the crime or crimes committed.

**Arraignment-** In Criminal Court it is the first scheduled appearance by the Defendant. The indictment returned by the Grand Jury is read and the defendant is given a copy. Arrangements are made for an attorney for the defendant and future court dates are set.

**Plea Agreement-** Most Defendants plead guilty. Once a defendant decides to plead guilty, it is up to the District Attorney's Office to work out an agreement to present to the judge. The defendant may agree to plead guilty to the crime(s) charged or to a lesser offense, and there may be an agreement that the District Attorney's Office will recommend a sentence to the judge. The judge may accept or reject the plea. Although you will not decide what sentence is given, the District Attorney's Office is interested in your point of view.

**Trial-** The court proceeding in which the District Attorney presents the case for the State, attempting to prove beyond a reasonable doubt that the defendant committed the crime as charged. The defendant may

present proof to dispute the State's claim. Usually the defendant chooses whether a judge or a twelve-person jury will decide the case. If you are needed as a witness, you will be notified or subpoenaed.

**Victim's Impact Statement-** You will be given the opportunity to provide a written impact statement to be submitted by a probation officer as part of the presentence report to be reviewed by the court prior to sentencing. If you wish to make an oral statement at the time of sentencing, please contact the District Attorney's Office prior to the hearing.

**Sentencing Hearing-** After a defendant's guilty plea is accepted or he or she is found guilty after a trial, the judge decides what happens. The Defendant may be sent to prison or jail, or the sentence may be "suspended", and the defendant put on probation. Probation means the defendant is not imprisoned if he or she does what the judge has required.

## **KEEP INFORMED OF COURT STATUS**

Case status can be obtained by calling our office 865-457-5640, or through the web site for the Anderson County Courts: <http://andersoncircuitcourt.com/>. Should you decide to use the website, the instructions are as follows:

- **Click on Case Search**
- **For General Sessions Division I cases (Clinton), search under Anderson County Circuit and Sessions.**
- **For General Sessions, Division II cases (Oak Ridge), click the down arrow for Oak Ridge General Sessions.**
- **Input the Case (Docket) number. If you are unsure of the case number, enter the Defendant's last and first name.**
- **Click Search**

As noted in the Victim's Rights and Notifications Brochure, you have a right to attend all court proceedings on this case. If your appearance is required in your Victim/Witness Coordinator will call you prior to the court date and explain the Preliminary Hearing process.

Note: If you are subpoenaed to come to court for a Hearing, bring the subpoena to court with you along with your ID. During the COVID 19 court closings, by the Tennessee Supreme Court, you will not be permitted in the court room without a subpoena.

## **REQUESTING JAIL NOTIFICATIONS**

As a victim, you have the right to be notified when a defendant posts bond on your case and is released from incarceration. You can reach the Anderson County Jail at: 865-457-7100. Defendants have a constitutional right to post bond for most charges, and if they are able to pay the bond amount, they will be released to await their court hearings.

You also have the option of obtaining offender release information from the **Statewide Automated Victim Information and Notification System (SAVIN)**. SAVIN is a system created to keep crime victims, court personnel, law enforcement, and the general public informed concerning the custody status of offenders in the State of Tennessee. You may register for this service (anonymously if you so choose) by calling 1-888-868-4631 or visiting the website at [www.vinelink.com](http://www.vinelink.com). To access and download the free VINE mobile app for your cellular device, you can visit the Google Play Store (Android) or the Apple Store (iPhone). You can access the necessary information 24 hours a day, 7 days a week.

## **COMMUNITY RESOURCES**

### **Shelters, Counseling & Referral Services**

**Ridgeview:** (865) 276-1216 or (865) 482-1076

**Peninsula Lighthouse:** (865) 970-9800

**Tri-County Counseling:** (865) 435-9413

**Mobile Crisis:** (865) 539-2409

**Area Counseling Services:** (865) 483-7422

**Joann Hasty (individual counseling):** (865) 482-1337

**Community Mediation Services:** (865) 463-6888

**Oak Ridge Center for Well Being:** (865) 482-9252

**Serenity Shelter:** (865) 971-4673

**YWCA:** (865) 482-6108 English; (865) 256-6109 Spanish; 24-hour, non-emergency (865) 523-6126. YWCA Knoxville and the Tennessee Valley offers support and services to women and families in Knox, Anderson, Loudon, and Roane Counties. Victim Advocates are available to provide assistance with Orders of Protection, accompany victims to court, conduct danger assessments, and develop safety plans. In addition, advocates also lead support groups and provide referrals to other local services as needed.

**Sexual Assault Crisis Center:** (865) 522-7273

**Helping Hands:** (865) 481-3837

**Clinton Housing Authority:** (865) 457-9692

**Oak Ridge Housing Authority:** (865) 482-1006

**Housing Development Corp.:** (865) 482-7345

**Rural Development:** (865) 523-3338

**Homeless No More-Continuum:** (865) 481-3837 ext. 101

### **Legal Services & Local Courts**

**Rural Legal Services/ Legal Aid Society:** (865) 483-8454

### **Court-related Numbers**

**Chancery Court- Clerk & Master:** (865) 457-6205. Orders of Protection (domestic only), divorce, land disputes, worker's compensation, conservatorships, adoptions/name changes, contract/debt disputes and the administration of probate estates.

**General Sessions Division I Clinton:** (865) 457-6214. General Sessions court records; Orders of Protection

**General Sessions Division II Oak Ridge:** (865) 482-0081. General Sessions court records; Orders of Protection

**Juvenile Court Clerk:** (865) 259-2351



*Tennessee*  
Department of **Treasury**

State Treasurer David H. Lillard, Jr.

DIVISION OF  
**CLAIMS & RISK  
MANAGEMENT**

## TENNESSEE CRIMINAL INJURIES COMPENSATION APPLICATION

### PURPOSE

When a person is injured in a crime in the state of Tennessee, that victim or certain family members may apply to the Tennessee Criminal Injuries Compensation Program for help with the injury-related expenses. The program is managed by the Tennessee Treasury Department's Division of Claims Administration. The Division contracts with CorVel Corporation, a claims management company, for the processing of claims for the Criminal Injuries program. The goal of the program is to ease the financial burden of crimes involving injury whenever the victim or family members meet certain requirements. The program can approve a claim only if the victim meets eligibility requirements, if the crime involves injury and is a type of crime the program can consider, and if the expenses covered by the program are properly documented.

### APPLICATION INSTRUCTIONS

- File an application within two years of the date of injury or death. If the victim is under 18 years of age, the legal guardian must file the claim on behalf of the minor victim. The guardian may file the claim until the victim reaches 18 years of age. An adult who was victimized as a minor, or who lost financial support as a minor due to the death of a victim, may file on his/her behalf until he/she reaches age 20.
- Complete all pages of the application. If completing by hand, use BLACK or BLUE INK. Please print clearly. Answer all questions. Unanswered questions will slow or prevent the processing of the application.
- You are not required to have an attorney complete this application. If you wish, however, you may do so. Any communication about your claim will be directly through your attorney, and he/she may be eligible for attorney fees.
- Submit the application to the program office at the address on the top of this page. The application is not "filed" until the Division of Claims Administration receives all completed pages by mail or by fax. Call (866) 960-6039 and ask to speak to a Customer Service Representative if you have questions about the application.
- The expenses you want the program to consider must be first filed with any/all other public or private sources of assistance, such as health, life, burial, and/or auto insurance, workers' compensation, sick leave/vacation pay, etc. The program can only consider those expenses the victim or relative must pay out of pocket. *This is a fund of last resort.*
- Attach copies of itemized bills from service providers, receipts, insurance benefit statements, and any other documentation to support the expenses you wish the program to consider. Refer to the list of eligible expenses on the first page of the application if you are not sure the expense can be considered.
- Respond as soon as possible to any letters from our office.
- Notify our office immediately if there is any change in your address or phone number while the claim is being processed.  
**The claim may be denied if we have no valid contact information.**

*The Tennessee Department of Treasury operates all programs and activities free from discrimination on the basis of sex, race, or any other classification protected by federal or Tennessee state laws. Individuals with disabilities who may require an alternative communication format for this or other Treasury Department publications should contact Treasury Department Human Resources at 615-253-8769. Any person who believes she or he has been discriminated against in Treasury Department programs should write to: Title VI Coordinator, Treasury Department Human Resources, Andrew Jackson Building, 502 Deaderick Street, Nashville, Tennessee 37243.*





## SECTION B - VICTIM INFORMATION *(continued)*

Please answer these questions about the victim named on page 1 *(used for statistical purposes only)*:

Mentally Disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Physically Disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Multiple Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other (specify) _____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
National Origin	<input type="checkbox"/> United States	<input type="checkbox"/> Other _____	
Who told you about this program?	<input type="checkbox"/> Hospital <input type="checkbox"/> Internet/Web Search <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Media (TV, radio, etc.)	<input type="checkbox"/> Posters/Brochure <input type="checkbox"/> Prosecutor/Victim Witness Program <input type="checkbox"/> Social Services <input type="checkbox"/> Other (specify) _____	

***(If you are the victim and at least 18 years of age, please skip to Section D now. See pages 3 and 4.)***

## SECTION C (PART 1): CLAIMANT INFORMATION

If you are not the victim named and described in Section B, please tell us which of these describes you:

- Guardian of a Victim Who is Under 18 Years of Age - Provide a copy of the child's birth certificate or the guardianship papers if you are not the child's parent.
- Representative of an Adult Victim - Provide documentation to show you have the legal right to file on the victim's behalf.
- Dependent of the Deceased Victim - A dependent means a family member who was receiving substantial support or needed services at the time of the victim's death. Submit proof of your relationship to the victim (e.g. marriage certificate, birth certificate, etc.).
- Guardian of a Dependent of the Deceased Victim - If the dependent is under 18 years of age, provide a copy of the birth certificate and the guardianship papers. If the dependent is an adult who is incompetent, provide a copy of the guardianship/conservatorship or other papers.
- Relative of the Deceased Victim Filing for Funeral/Burial, Crime Scene Clean-Up, Trial Travel, and/or Mental Health Counseling Expenses

If you are not the victim named in Section B, and you are one of the persons described above, provide your information below and answer the following question:

How do you know the victim? The victim is my \_\_\_\_\_

Claimant's Name \_\_\_\_\_  
(Last) (First) (Maiden) (Middle)

Street Address \_\_\_\_\_ Apt./Unit/Lot Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Alternate Phone Number ( ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_ or \_\_\_\_\_  
Social Security Number Individual Taxpayer ID Number

## SECTION C (PART 2): DECEASED VICTIM'S DEPENDENTS/LOSS OF SUPPORT

Did the victim contribute financial support to any dependents at the time of death?  No  Yes

**If no**, skip to Section D.

**If yes**, submit proof of relationship to the victim and provide documentation that the victim substantially supported the relative(s) at the time of death (e.g., tax returns, receipts, order for child support). Also, attach verification of the victim's income at the time of death (e.g., employer's statement, W-2 form or tax return).

Provide names of the deceased victim's dependents for whom you are filing a claim for loss of support. **If available, please submit a copy of the victim's obituary notice.**

Name	Street Address	City / State / Zip Code	Relation to Victim	Birth Date

Did the victim leave other dependents who are not listed above?  No  Yes

**If yes**, please provide their names and addresses below. Attach additional pages if necessary.

Name	Street Address	City / State / Zip Code	Relation to Victim	Birth Date

## SECTION D - CRIME INFORMATION

**You must provide the date of the crime and county and state where the crime occurred.** You can obtain the information from the responding law enforcement agency. If the crime was not reported within 48 hours, submit a written statement explaining why.

Type of Crime (check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Murder/Homicide      | <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Kidnapping                              |
| <input type="checkbox"/> Adult Sexual Assault | <input type="checkbox"/> Child Sexual Abuse   | <input type="checkbox"/> Arson                                   |
| <input type="checkbox"/> Robbery by Force     | <input type="checkbox"/> Drunk Driver/DUI     | <input type="checkbox"/> Hit and Run (excluding property damage) |
| <input type="checkbox"/> Assault              | <input type="checkbox"/> Stalking             | <input type="checkbox"/> Human Trafficking                       |
| <input type="checkbox"/> Vehicular (Non-DUI)  | <input type="checkbox"/> Terrorism            | <input type="checkbox"/> Other (specify) _____                   |

Was the crime domestic violence?  No  Yes

Did the crime occur inside the victim's home?  No  Yes

Date of Crime: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to Law Enforcement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( mm / dd / yyyy ) ( mm / dd / yyyy )

Location of Crime: \_\_\_\_\_  
(Street) (City) (County, required) (State, required)

Was the injury or death of the victim caused by a motor vehicle?  No  Yes

## SECTION D - CRIME INFORMATION *(continued)*

Please describe what happened and the injuries suffered as a result. Attach a copy of the police report. Also, please attach a copy of the death certificate if the victim is deceased.

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Name and address of offender(s), if known. *(By law, we are required to notify offender(s) of this claim.)*

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Did the victim know the offender(s)?  No  Yes *If yes, in what way?* \_\_\_\_\_

Was the victim living in the same house with the offender at the time of the crime?  No  Yes

Does the victim still live with the offender?  No  Yes

Who is handling the criminal case?  State Prosecutor  Federal Prosecutor

## SECTION E - INSURANCE AND FINANCIAL ASSISTANCE

Is there any benefit program, employer benefit, or insurance coverage to assist with the expenses being claimed?

No  Yes

*If yes, please check below the benefits that have been paid (or may be paid), in part or in full, for any expenses you are claiming. Also, provide documentation of payments made.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Automobile Insurance | <input type="checkbox"/> Homeowner's Insurance              | <input type="checkbox"/> Social Security (death benefits, disability, etc.) |
| <input type="checkbox"/> Burial Insurance     | <input type="checkbox"/> Life Insurance                     | <input type="checkbox"/> Vacation/Annual Pay                                |
| <input type="checkbox"/> Disability           | <input type="checkbox"/> Medicare/Medicaid/TennCare         | <input type="checkbox"/> Veterans Administration/Insurance                  |
| <input type="checkbox"/> Donations            | <input type="checkbox"/> Offender/Court-Ordered Restitution | <input type="checkbox"/> Workers' Compensation                              |
| <input type="checkbox"/> Health Insurance     | <input type="checkbox"/> Sick Pay                           | <input type="checkbox"/> Other (specify) _____                              |

Has the court ordered the offender to pay you for your financial losses?  No  Yes

*If yes, please attach a copy of the order of restitution.*

Have you filed or do you plan to file a lawsuit for your injuries?  No  Yes  Unknown

*If yes, and you are represented by an attorney, please provide the attorney's name and telephone number.*

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## SECTION F - LOST WAGES

Complete this section only if you are the victim named in Section B and you are claiming lost wages from your job at the time of injury. Information needed to verify lost wages is described below. **DO NOT complete this section if the victim is deceased.**

Did you, the victim, miss work due to injuries?  No  Yes

*If yes, please have your employer(s) complete an Employer's Statement form. If you missed more than two weeks of work, please provide a doctor's statement or a doctor's release to return to work.*

Were you self-employed at the time of the crime?  No  Yes

*If yes, submit the most recent income tax return or statements from those for whom the victim worked, showing amount(s) paid and date(s) for a period of at least 12 months prior to the crime. If you missed more than two weeks of work, please provide a doctor's statement or a doctor's release to return to work.*

## SECTION G - AUTHORIZATION AND SUBROGATION

**VERIFICATION OF APPLICATION:** I hereby certify, subject to the penalty of fine and imprisonment, that the information contained in this application for criminal injuries compensation is true and correct to the best of my knowledge.

**SUBROGATION:** In consideration of the payment received from the Criminal Injuries Compensation Fund, I agree to repay the Fund the full amount I (or my child or ward) received from the Fund in the event I (or my child or ward) recover damages or compensation from the offender or from any other public or private source as a result of the injuries or death which was the basis of my claim for compensation from the Fund. For purposes of this Agreement, I understand that compensation from "any other public or private source" includes, but is not limited to, receipt of insurance, Medicare, Medicaid, TennCare, workers' compensation, disability pay, etc. I further agree and understand that no part of the recovery due the Criminal Injuries Compensation Fund may be diminished by any collection fees or for any other reason whatsoever. Should I (or my child or ward) choose to recover damages or compensation for the injury or death from any source, I agree to promptly notify the District Attorney General in the district where the crime occurred and the Criminal Injuries Compensation Program by sending to the District Attorney General and the Compensation Program copies of any pleadings, settlement proposals and any other documents relative thereto. I further agree to fully cooperate with the State of Tennessee should the State institute an action against any person or entity for the recovery of all or any part of the compensation I (or my child or ward) received from the Fund.

**RELEASE OF INFORMATION AUTHORIZATION:** I hereby authorize any hospital, physician, funeral director, municipal authority, employer or union, insurance company, social service bureau, Social Security office, or any other person, firm, agency, or organization to furnish to the Tennessee Criminal Injuries Compensation Fund, or its representative, any information requested, including tax data and prior police records, needed to perfect my claim for compensation. A photocopy of this authorization shall be considered as effective and valid as the original.

**PUBLIC RECORDS:** Except as otherwise provided by applicable federal or state law, the information contained in this application and all documents submitted in support of your claim are subject to the Public Records Laws of the State of Tennessee pursuant to Tennessee Code Annotated, Title 10, Chapter 7, Part 5.

I certify that I have read and/or understand and agree to the above statements.

Victim/Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Victim/Claimant's Printed Name: \_\_\_\_\_

## SECTION H - ATTORNEY INFORMATION

If you choose an attorney to complete the application for you, the attorney must complete and sign this section. **NOTE: This is not the state or federal prosecutor handling the criminal case.**

Attorney's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Phone Number: ( ) \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_

**Attorney Certification** - I hereby certify that I have been retained by and represent the victim and/or claimant filing this application. I further certify that I have read through this entire application with such person and that such person indicated that he/she understood every question and provision contained herein.

Attorney's Signature/Date: \_\_\_\_\_

### MAIL FORM TO:

CorVel Corporation  
2000 Mallory Lane 130-398  
Franklin, TN 37067-8231

## **RESTITUTION**

Restitution refers to any money you are out of pocket, not recoverable from insurance or any other source.

If you are a victim of a crime and have suffered any out -of-pocket expenses (to include an insurance deductible) and you wish to request payment of restitution from the Defendant, the attached Restitution form must be completely filled out and returned as soon as possible to Kate Norris, Victim/Witness Coordinator. Returning the form by email is preferred because of General Sessions and Criminal Court time restraints. However, returning the form via mail or hand-delivery to the office is perfectly acceptable. If you choose to email the form, you may send it to [kanorris@tndagc.org](mailto:kanorris@tndagc.org). If you choose to mail the application or hand-deliver it to the District Attorney's Office, the address is 101 S. Main Street - Suite 300, Clinton, TN 37716. Attn: Kate Norris.

Failure to complete the attached form will result in non-payment of any out-of-pocket expenses you suffered as the result of a crime.

## RESTITUTION

Victim: \_\_\_\_\_

Date: \_\_\_\_\_

State vs. \_\_\_\_\_

Docket No. \_\_\_\_\_

We take special pride in doing all we can under the law to help crime victims. One of the things we can sometimes do is have the Court order restitution. If you are a crime victim you may have a right to restitution if the defendant is found guilty in your case. Restitution is repayment for any property loss or damage, as well as any medical expenses caused by the crime. We want to do all we can under the law to help you recover any financial loss. What we can do to help is limited by how much information you can provide. It is important that we have the correct amount of restitution along with all bills, receipts and/or estimates in order to insure that it's made a part of the Court's judgment in the event the defendant is convicted. If we do not get this information, we will have no choice but to conclude no restitution is owed.

Restitution is typically collected by the Tennessee Board of Probation and Parole. Requesting restitution doesn't necessarily mean it will be ordered or collected, but if restitution is not made a part of the Court's judgment it CANNOT be collected in Criminal Court. However, you may still file a civil lawsuit against the defendant through a private attorney, but that is something you would have to do on your own.

List your restitution below and attach ALL bills, receipts, and / or estimates:

- 1) Amount of medical bills NOT covered by insurance and represented by attached document:  
\$ \_\_\_\_\_ Briefly list injury: \_\_\_\_\_
  
- 2) Amount of stolen or damaged property NOT covered by insurance with attached documents:  
\$ \_\_\_\_\_  
Briefly list damage: \_\_\_\_\_  
\_\_\_\_\_
  
- 3) Amount of other out of pocket expenses NOT covered by insurance with attached documents  
\$ \_\_\_\_\_

**Please complete this form as soon as possible and return by email to the email below.**

**Otherwise the court will determine there is to be no restitution.**

If you have any questions, call me at (865) 457-5640.

Sincerely,

Kate A. Norris  
Victim/Witness Coordinator  
kanorris@tndagc.org

**Dave Clark**  
**District Attorney General**  
**7<sup>th</sup> Judicial District**

READ FIRST: Before you decide whether or not to let the District Attorney's Office of the 7<sup>th</sup> Judicial District share some of your confidential information with another agency or person, an advocate at the District Attorney's Office will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want the District Attorney's Office to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that the District Attorney's Office of the 7<sup>th</sup> Judicial District has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow the District Attorney's Office to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize the District Attorney's Office to share the following specific information with:

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
------------------------------------	--

The information may be shared:  in person  by phone  by fax  by mail  by e-mail

*I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.*

What info about me will be shared:	
Why I want my info shared: (purpose)	

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by the District Attorney's Office.

I understand:

That I do not have to sign a release form. I do not have to allow the District Attorney's Office to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like the District Attorney's Office to release information about me in the future, I will need to sign another written, time-limited release.

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from the District Attorney's Office.

That the District Attorney's Office and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on: \_\_\_\_\_ \_\_\_\_\_  
Date Time *Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.*

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_ Witness: \_\_\_\_\_

**Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)**

I confirm that this release is still valid, and I would like to extend the release until \_\_\_\_\_

New Date                      New Time

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_



## **INSTRUCTIONS FOR COMPLETING THE ATTACHED OUTCOME SURVEY:**

At the District Attorney's Office for the 7<sup>th</sup> Judicial District, the Victim/Witness Coordinators place top priority on serving and assisting victims of crime in Anderson County. We are dedicated to continually improve our services. Thus, we ask for your feedback in areas where you think we do well, along with areas where you think we can improve. Please complete the attached survey by providing an honest opinion of your experience with the Victim/Witness Coordinator that was assigned to your case. Your participation and feedback assist us in our mission to improve the experience for current and future victims of crime in our district through the VOCA program.

You may return the survey to the District Attorney's Office via mail or in person at 101 South Main Street - Suite 300, Clinton, TN. 37716. Surveys can also be handed to the Victim/Witness Coordinator in the courtroom when your case has been resolved. Or, if you prefer, you may use the QR code located on the top, right-hand corner of the Victim Outcome Survey. You can scan it with your mobile device, be taken directly to the survey online, and can submit it there. We appreciate your participation, time, and patience.



## Client Outcome Survey

We recognize and are frustrated ourselves that the criminal justice system moves slowly. In addition, the law does not generally allow us or the courts to punish or reform defendants in the ways we would like due to budget and other legal restrictions. The system also usually values the rights of defendants more than it does the rights of victims. Most importantly, our focus in doing justice has to be on what we can prove with evidence to unanimously convict a person before a jury. Many times we suspect or even know something but do not have the evidence from the police investigation to prove it. Sometimes we have evidence the law doesn't allow us to use. With those things said and with those limitations, we have dedicated our professional lives to do the very best job we can to do justice and help victims. Your feedback will help us continue our services and correct any errors.

Please indicate your level of agreement with the following statements about our service.

.....

**Directions: For questions 1-7 please rate answers using this 1 to 5 scale. 1 being the most satisfied and 5 being the least satisfied.**

1. How satisfied were you with the ending outcome of your case?

\_\_\_ 1. Very satisfied \_\_\_ 2. Somewhat satisfied \_\_\_ 3. Neither satisfied nor dissatisfied  
\_\_\_ 4. Somewhat dissatisfied \_\_\_ 5. Very dissatisfied

2. How satisfied were you with the efforts of your victim coordinator?

\_\_\_ 1. Very satisfied \_\_\_ 2. Somewhat satisfied \_\_\_ 3. Neither satisfied nor dissatisfied  
\_\_\_ 4. Somewhat dissatisfied \_\_\_ 5. Very dissatisfied

3. How satisfied were you with the ability to communicate with your victim coordinator?

\_\_\_ 1. Very satisfied \_\_\_ 2. Somewhat satisfied \_\_\_ 3. Neither satisfied nor dissatisfied  
\_\_\_ 4. Somewhat dissatisfied \_\_\_ 5. Very dissatisfied

4. How satisfied were you with the accuracy of the information you received from your victim coordinator?

\_\_\_ 1. Very satisfied \_\_\_ 2. Somewhat satisfied \_\_\_ 3. Neither satisfied nor dissatisfied  
\_\_\_ 4. Somewhat dissatisfied \_\_\_ 5. Very dissatisfied

5. How satisfied were you with the prosecutor or prosecutors that worked on your case?

\_\_\_ 1. Very satisfied \_\_\_ 2. Somewhat satisfied \_\_\_ 3. Neither satisfied nor dissatisfied

\_\_\_ 4. Somewhat dissatisfied \_\_\_ 5. Very dissatisfied

6. How satisfied were you with the judge or judges that worked on your cases?

\_\_\_ 1. Very satisfied \_\_\_ 2. Somewhat satisfied \_\_\_ 3. Neither satisfied nor dissatisfied

\_\_\_ 4. Somewhat dissatisfied \_\_\_ 5. Very dissatisfied

7. How satisfied were you with the police that worked on your case?

\_\_\_ 1. Very satisfied \_\_\_ 2. Somewhat satisfied \_\_\_ 3. Neither satisfied nor dissatisfied

\_\_\_ 4. Somewhat dissatisfied \_\_\_ 5. Very dissatisfied



**Directions: For questions 8-12 please rate your answers using the following response scale 1-5; 1 is strongly agree, 2 is agree, 3 is neutral, 4 is disagree and 5 is strongly disagree.**

8. My immediate sense of safety and security has increased as a result of the services I received from this agency.

\_\_\_ 1. Strongly agree \_\_\_ 2. Agree \_\_\_ 3. Neutral \_\_\_ 4. Disagree \_\_\_ 5. Strongly Disagree

9. I am more knowledgeable of the services and community resources available to victims.

\_\_\_ 1. Strongly agree \_\_\_ 2. Agree \_\_\_ 3. Neutral \_\_\_ 4. Disagree \_\_\_ 5. Strongly Disagree

10. I am more knowledgeable about the criminal justice system.

\_\_\_ 1. Strongly agree \_\_\_ 2. Agree \_\_\_ 3. Neutral \_\_\_ 4. Disagree \_\_\_ 5. Strongly Disagree

11. I am satisfied with the services I have received through this agency.

\_\_\_ 1. Strongly agree \_\_\_ 2. Agree \_\_\_ 3. Neutral \_\_\_ 4. Disagree \_\_\_ 5. Strongly Disagree

12. I know more ways to plan for my safety.

\_\_\_ 1. Strongly agree \_\_\_ 2. Agree \_\_\_ 3. Neutral \_\_\_ 4. Disagree \_\_\_ 5. Strongly Disagree

**Please provide any additional feedback that you feel may explain an answer you have given above or that may help us in the future.**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

## **Victim Grievance Procedure**

The 7<sup>th</sup> Judicial District Attorney General is a recipient of public funding; which includes, but is not limited to, the TN Office of Criminal Justice (VOCA). If, for any reason you have a problem concerning the services you have received, you may follow the procedure listed below to state your grievance.

1. In writing, state your grievance for the Administrative Assistant. She will respond to your complaint within 24 hours.

Melanie Hobbs  
101 S. Main Street, Suite 300  
Clinton, Tennessee 37716  
Phone: 865-457-5640  
[mahobbs@tndagc.org](mailto:mahobbs@tndagc.org)

2. If her response doesn't meet your satisfaction, please submit your grievance in writing to the District Attorney General. He will answer your grievance in writing within 24 hours of receiving notification of your complaint.

Dave Clark  
District Attorney General  
101 S. Main Street, Suite 300  
Clinton, TN 37716  
Phone: 865-457-5640  
[dsclark@tndagc.org](mailto:dsclark@tndagc.org)

3. If his response does not meet your satisfaction, please submit your grievance in writing to the Tennessee District Attorney General's Training Services Coordinator. She will answer your grievance in writing within 24 hours of receiving notification of your complaint.

Kendra Bonetti  
Victim Training Services Coordinator  
TN District Attorneys General Conference  
226 Anne Dallas Dudley Blvd. Suite 800  
Nashville, TN 37219  
Phone: 615-600-5674  
[kobonetti@tndagc.org](mailto:kobonetti@tndagc.org)