



**MUNDELEIN POLICE DEPARTMENT**  
 221 N. Lake Street, Mundelein, IL 60060 • (847) 968-4600  
 VICTIM ASSISTANCE NOTIFICATION FORM



Incident Number: \_\_\_\_\_ Incident Location: \_\_\_\_\_

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

Officer Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

<u>INITIATING DIVISION:</u>	<u>INVOLVED PERSON(S):</u>	(Circle One)
Patrol _____	NAME _____	DOB _____ AGE _____ Victim / Witness
Juvenile _____	ADDRESS _____	TX _____
Investigations _____	NAME _____	DOB _____ AGE _____ Victim / Witness
Communications _____	ADDRESS _____	TX _____
Administration _____		

TYPE OF INCIDENT (Check as many apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Domestic/Order of Protection      | <input type="checkbox"/> Senior Citizen                                  |
| <input type="checkbox"/> Marital                           | <input type="checkbox"/> Elder Abuse                                     |
| <input type="checkbox"/> Non-Marital                       | <input type="checkbox"/> Self Neglect                                    |
| <input type="checkbox"/> Parent/Child                      | <input type="checkbox"/> Multiple Calls                                  |
| <input type="checkbox"/> Substance Abuse<br>(Alcohol/Drug) | <input type="checkbox"/> Transport to Hospital                           |
| <input type="checkbox"/> Youth Incident                    | <input type="checkbox"/> Well Being Check                                |
| <input type="checkbox"/> Child Abuse/Neglect               | <input type="checkbox"/> Physical Impairments                            |
| <input type="checkbox"/> Runaway                           | <input type="checkbox"/> Mental Health                                   |
| <input type="checkbox"/> Delinquency                       | <input type="checkbox"/> Victim/Witness Assist                           |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Property Crime                                  |
|  | <input type="checkbox"/> Tangible Services<br>(Food, Housing, Financial) |

**Illinois Crime Victims  
Bill Of Rights**

The Illinois Constitution provides that crime victims shall have the following rights:

- The right to be treated with fairness and respect throughout the criminal justice process.
- The right to notification of court proceedings.
- The right to communicate with the prosecution.
- The right to make a statement to the court of sentencing.
- The right to information about the conviction, sentence, imprisonment and release of the accused.
- The right to timely disposition of the case following the arrest of the accused.
- The right to be reasonably protected from the accused throughout the criminal justice proceedings.
- The right to be present at the trial and all other court proceedings, unless the victim is expected to testify and the court determines that the victim's testimony will be affected if the victim hears other testimony at the trial.
- The right to have present at all court proceedings, subject to the rules of evidence, an advocate or other support person of the victim's choice.
- The right to restitution.

<u>AGENCY OR SERVICE VICTIM REFERRED TO:</u>	<u>FOLLOW UP:</u>
<input type="checkbox"/> A Safe Place	<input type="checkbox"/> Patrol
<input type="checkbox"/> DCFS	<input type="checkbox"/> Investigations
<input type="checkbox"/> Illinois Attorney General's Office	<input type="checkbox"/> Other
<input type="checkbox"/> LACASA	_____
<input type="checkbox"/> Lake County State's Attorney	_____
<input type="checkbox"/> NICASA	
<input type="checkbox"/> OMNI Youth Services	
<input type="checkbox"/> Chaplains	

Other: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_



**MUNDELEIN POLICE DEPARTMENT**  
 221 N. Lake Street, Mundelein, IL 60060 • (847) 968-4600  
 VICTIM ASSISTANCE NOTIFICATION FORM



Incident Number: \_\_\_\_\_ Incident Location: \_\_\_\_\_

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

Officer Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

<u>INITIATING DIVISION:</u>	<u>INVOLVED PERSON(S):</u>	(Circle One)
Patrol _____	NAME _____	DOB _____ AGE _____ Victim / Witness
Juvenile _____	ADDRESS _____	TX _____
Investigations _____	NAME _____	DOB _____ AGE _____ Victim / Witness
Communications _____	ADDRESS _____	TX _____
Administration _____		

TYPE OF INCIDENT (Check as many apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Domestic/Order of Protection      | <input type="checkbox"/> Senior Citizen                                  |
| <input type="checkbox"/> Marital                           | <input type="checkbox"/> Elder Abuse                                     |
| <input type="checkbox"/> Non-Marital                       | <input type="checkbox"/> Self Neglect                                    |
| <input type="checkbox"/> Parent/Child                      | <input type="checkbox"/> Multiple Calls                                  |
| <input type="checkbox"/> Substance Abuse<br>(Alcohol/Drug) | <input type="checkbox"/> Transport to Hospital                           |
| <input type="checkbox"/> Youth Incident                    | <input type="checkbox"/> Well Being Check                                |
| <input type="checkbox"/> Child Abuse/Neglect               | <input type="checkbox"/> Physical Impairments                            |
| <input type="checkbox"/> Runaway                           | <input type="checkbox"/> Mental Health                                   |
| <input type="checkbox"/> Delinquency                       | <input type="checkbox"/> Victim/Witness Assist                           |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Property Crime                                  |
|  | <input type="checkbox"/> Tangible Services<br>(Food, Housing, Financial) |

**Illinois Crime Victims  
Bill Of Rights**

The Illinois Constitution provides that crime victims shall have the following rights:

- The right to be treated with fairness and respect throughout the criminal justice process.
- The right to notification of court proceedings.
- The right to communicate with the prosecution.
- The right to make a statement to the court of sentencing.
- The right to information about the conviction, sentence, imprisonment and release of the accused.
- The right to timely disposition of the case following the arrest of the accused.
- The right to be reasonably protected from the accused throughout the criminal justice proceedings.
- The right to be present at the trial and all other court proceedings, unless the victim is expected to testify and the court determines that the victim's testimony will be affected if the victim hears other testimony at the trial.
- The right to have present at all court proceedings, subject to the rules of evidence, an advocate or other support person of the victim's choice.
- The right to restitution.

AGENCY OR SERVICE VICTIM REFERRED TO:

- A Safe Place
- DCFS
- Illinois Attorney General's Office
- LACASA
- Lake County State's Attorney
- NICASA
- OMNI Youth Services
- Chaplains

FOLLOW UP:

- Patrol
- Investigations
- Other \_\_\_\_\_
- \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time





**MUNDELEIN POLICE DEPARTMENT**  
 221 N. Lake Street, Mundelein, IL 60060 • (847) 968-4600  
 VICTIM ASSISTANCE NOTIFICATION FORM



Numero del Incidente: \_\_\_\_\_ Lugar del Incidente: \_\_\_\_\_

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_

Nombre del Oficial: \_\_\_\_\_ Numero de Placa: \_\_\_\_\_

INITIATING DIVISION:

PERSONA(S) INVOLUCRADAS:

Patrol _____	NOMBRE _____	FECHA DE NACIMIENTO _____	EDAD _____	Victima / Testigo
Juvenile _____	DIRECCION _____	TX _____		
Investigations _____	NOMBRE _____	FECHA DE NACIMIENTO _____	EDAD _____	Victima / Testigo
Communications _____	DIRECCION _____	TX _____		
Administration _____				

TIPO DE INCIDENTE (Marcar todo lo que apliqué)

<input type="checkbox"/> Domestico/Ordern de Protección	<input type="checkbox"/> Mayores de Edad
<input type="checkbox"/> Matrimonial	<input type="checkbox"/> Abuso de Ansianos
<input type="checkbox"/> No Matrimonial	<input type="checkbox"/> Descuido Propio
<input type="checkbox"/> Padre / hijo	<input type="checkbox"/> Llamadas Múltiples
<input type="checkbox"/> Abuso de Substancias (Alcohol/Drogas)	<input type="checkbox"/> Transporte al Hospital
<input type="checkbox"/> Incidente Juvenil	<input type="checkbox"/> Verificación de Bienestar
<input type="checkbox"/> Abuso / Descuido de Niños	<input type="checkbox"/> Discapacidad Física
<input type="checkbox"/> Desaparecido	<input type="checkbox"/> Salud Mental
<input type="checkbox"/> Delincuencia	<input type="checkbox"/> Asistencia Para Victima / Testigo
<input type="checkbox"/> Otro _____	<input type="checkbox"/> Crimines de Propiedad
	<input type="checkbox"/> Servicios Tangibles (Comida, Vivienda, Finanzas)

**Víctimas de Crimen en Illinois**

La Constitución del Estrado de Illinois provee que víctimas de crimen tendrán los siguientes derechos:

- El derecho de ser tratado con justicia y respeto durante el proceso de justicia criminal.
- El derecho de recibir notificación de los procedimientos ante el tribunal.
- El derecho de comunicarse con la fiscalía.
- El derecho de hacer una declaración ante el tribunal cuando pronuncie la sentencia al acusado.
- El derecho a información sobre la condena, sentencia, encarcelamiento, y libramiento del acusado.
- El derecho de una disposición oportuna del caso después del arresto del acusado.
- El derecho de ser protegido razonablemente del acusado durante los procedimientos ante el tribunal.
- El derecho de estar presente durante el juicio y todo otro procedimiento ante el tribunal, al no ser que se espere que la víctima atestigüe y el tribunal determine que el testimonio de la víctima será afectado si escucha el testimonio de otros testigos.
- El derecho de tener presente durante todo procedimiento ante el tribunal. bajo los reglamentos de evidencia, un profesional u otra persona que la víctima elija, para brindar apoyo.
- El derecho de recibir restitución.

AGENCIA O SERVICIO RECOMENDADO A LA VICTIMA: FOLLOW UP:

<input type="checkbox"/> A Safe Place	<input type="checkbox"/> Patrol
<input type="checkbox"/> DCFS	<input type="checkbox"/> Investigations
<input type="checkbox"/> Illinois Attorney General's Office	<input type="checkbox"/> Otro _____
<input type="checkbox"/> LACASA	_____
<input type="checkbox"/> Lake County State's Attorney	_____
<input type="checkbox"/> NICASA	
<input type="checkbox"/> OMNI Youth Services	
<input type="checkbox"/> Chaplains	

Otro: \_\_\_\_\_ Firma \_\_\_\_\_

Fecha \_\_\_\_\_ Hora \_\_\_\_\_