

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

	Expense
_____	\$ _____
_____	\$ _____
_____	\$ _____
List any additional expenses, such as medicines, bandages, etc.: _____	\$ _____
_____	\$ _____
Is your child covered by insurance? _____	INSURANCE PAID: - \$ _____
	OTHER REIMBURSEMENTS: - \$ _____
	TOTAL: \$ _____

Do you anticipate any future medical or counseling expenses? _____

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*):

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? _____

Would you like to be **notified** by the Department of Corrections of the defendant's 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: *Ann Laughlin, Victim Assistant, District Attorney's Office, 700 E. Trade St., Charlotte, NC 28202*