



## South Carolina Department of Probation, Parole and Pardon Services

# VICTIM INFORMATION FOR PROBATION CASES

PLEASE FORWARD THIS FORM TO YOUR LOCAL PROBATION OFFICE

Offender's Name \_\_\_\_\_ County \_\_\_\_\_

Offense(s) \_\_\_\_\_

Indictment # \_\_\_\_\_ Count # \_\_\_\_\_

Victim's Name \_\_\_\_\_

Victim's Mailing Address \_\_\_\_\_

Victim's Home Phone # \_\_\_\_\_ Work# \_\_\_\_\_

Other Contact # \_\_\_\_\_

Restitution Ordered: (check one)       YES       NO

If yes, list amount ordered: \_\_\_\_\_

Judge Ordered Restitution Hearing To Be Held Later       YES       NO  
*(To be scheduled by the Solicitor's Office)*

**USE SEPARATE FORM FOR EACH VICTIM**

**Please attach victim impact statement to this form, if available.**

