



**SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
VICTIM'S ADVOCATE CHECKLIST**

Victim's Name: _____ Work No. _____ Home No. _____

Address: _____

Incident/Citation Number: _____ Defendant's Name: _____

Date of incident: _____ Incident Involving:

_____ 56-5-1210 Leaving the Scene (Fatality/PI)

_____ 56-5-2930 DUI

_____ 56-5-2910 Reckless Homicide

_____ 56-5-2945 Felony DUI

_____ 56-5-2920 Reckless Driving

_____ 16-3-1510 (3) Other Personal Injury or Death

_____ Other offense against person: _____

Investigating Officer's Checklist

Initial and date next to each task when a victim is provided with the information. Put N/A next to any task that is not applicable.

initials date Provided list of Victim's rights and crime victim assistants and social providers

initials date Referred to Victim Advocate For "Victim Compensation Application", if applicable

initials date Notified that the suspect has been arrested

initials date Notified if juvenile offender is released to parent or guardian

initials date Notified of date & time of bond hearing: _____
Date Time Location

initials date Notified of date & time of trial or case: _____
Date Time Location

initials date Provided form to receive free copy of accident report or provided officer's number to request free copy of incident report

initials date Provided victim identification information to jail or juvenile detention center, if applicable

initials date Provided information pertaining to the case to the supervisor handling General Sessions or Magistrate cases for the county. The supervisor will turn this information over to the Solicitor Advocate or Magistrate within 48 hours or the next working day.

Investigating Officer's Signature Investigating Officer's Name (print)

Division: _____ District/Unit: _____

Victim's Acknowledgement & Signature: _____ Date: _____

WHITE: Victim

YELLOW: Investigating Officer

PINK: Jail/Detention Center

GOLDENROD: Court

GREEN: DPS Victim Advocate