

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

STATE OF IDAHO,)
)
 Plaintiff,)
)
 vs.)
)
 _____)
)
 Defendant.)
 _____)

CASE NO: _____

VICTIM INFORMATION FORM
(Completed by the Arresting Officer or
Prosecutor)
**This form shall not be filed with the Court

ARRESTING AGENCY:

Arresting Agency: _____
Arresting Officer's Name: _____ # _____ Date: _____ Time: _____

DEFENDANT:

Name _____ D.O.B. _____ Race _____ Sex _____ S.S.N. _____
Temporary Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

VICTIM:

Name _____ D.O.B. _____ Race _____ Sex _____ S.S.N. _____
Temporary Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

VICTIM:

Name _____ D.O.B. _____ Race _____ Sex _____ S.S.N. _____
Temporary Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

VICTIM:

Name _____ D.O.B. _____ Race _____ Sex _____ S.S.N. _____
Temporary Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

***This form shall not be filed with the court, it is to be forwarded to the Sheriff's Records Dept. for entry into ILETs.**