

# POLICE

## CITY OF DECATUR

### Crime Victims Rights

Crime Victims are entitled to the right to be informed, to be present, and to be heard when authorized, at all crucial stages of criminal proceedings to the extent that these rights do not interfere with the constitutional rights of the person accused of committing the crime....  
 Amendment No. 557, Constitution of Alabama, 1901 (ratified January 6, 1995)

### IF YOU ARE THE VICTIM OF DOMESTIC VIOLENCE, YOU ARE ALSO THE VICTIM OF A CRIME.

DOMESTIC VIOLENCE OCCURS WHEN ONE PERSON IN A RELATIONSHIP THREATENS, ASSAULTS, OR USES ABUSIVE LANGUAGE IN AN ATTEMPT TO CONTROL THE OTHER PERSON.

NO ONE INVOLVED IN YOUR CASE WANTS TO BREAK UP A FAMILY OR RELATIONSHIP THAT WANTS TO STAY TOGETHER. ON THE OTHER HAND, EVERYONE WANTS TO STOP THE VIOLENCE.

**As a Crime Victim, you may be entitled to compensation from the Alabama Crime Victims Compensation Commission.**

**You may be eligible if you meet the following criteria:**

- ✓ You have been the victim of personal injury as the result of criminally injurious contact, or
- ✓ You are the dependent of a deceased victim, if such victim died as a result of this crime
- ✓ You did not cause or contribute to the injury or death of the victim
- ✓ An application is filed within one year of the incident
- ✓ The incident was reported to law enforcement within 72 hours
- ✓ You cooperated fully with law enforcement officials
- ✓ Your economic loss has not been paid by other sources

**AS A VICTIM YOU ARE ENTITLED TO FULL COMPENSATION FOR ANY PECUNIARY LOSS, DAMAGE OR INJURY AS A DIRECT OR INDIRECT RESULT OF CRIMINAL ACTIVITY WITH DOCUMENTATION OF THAT LOSS.**

For Additional Information Contact:  
 Alabama Crime Victims Compensation Commission  
 P.O. Box 1584  
 Montgomery, AL 36102-1548  
 1 (800) 541-9388 or (334) 242-4007

### INVESTIGATING OFFICER OFFICES & AGENCIES

	I.D. #
Decatur Police Department	911
P.O. Box 488	256-341-4660
Decatur, AL 35602	

Decatur Police Department	256-341-4632
Domestic Violence Unit	256-341-4819

<b>City Prosecutor</b>	<b>256-341-4512</b>
P.O. Box 488	
Decatur, AL 35602	

City Magistrate	256-341-4676
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District Attorney's	
Victims Service Officer	256-351-4610

Morgan County Prosecutor	256-351-4610
P.O. Box 668	
Decatur, AL 35602	

#### EMERGENCY SHELTER

Hope Place	1-800-691-8426
Salvation Army	256-353-2822
Tenn. Valley Outreach	256-350-5226

#### PROTECTION FROM ABUSE ORDER

Victims Support Group	256-353-8830
Legal Service of North	
Central Alabama	256-536-9645
Circuit Clerk Office	256-351-4720

#### COUNSELLING

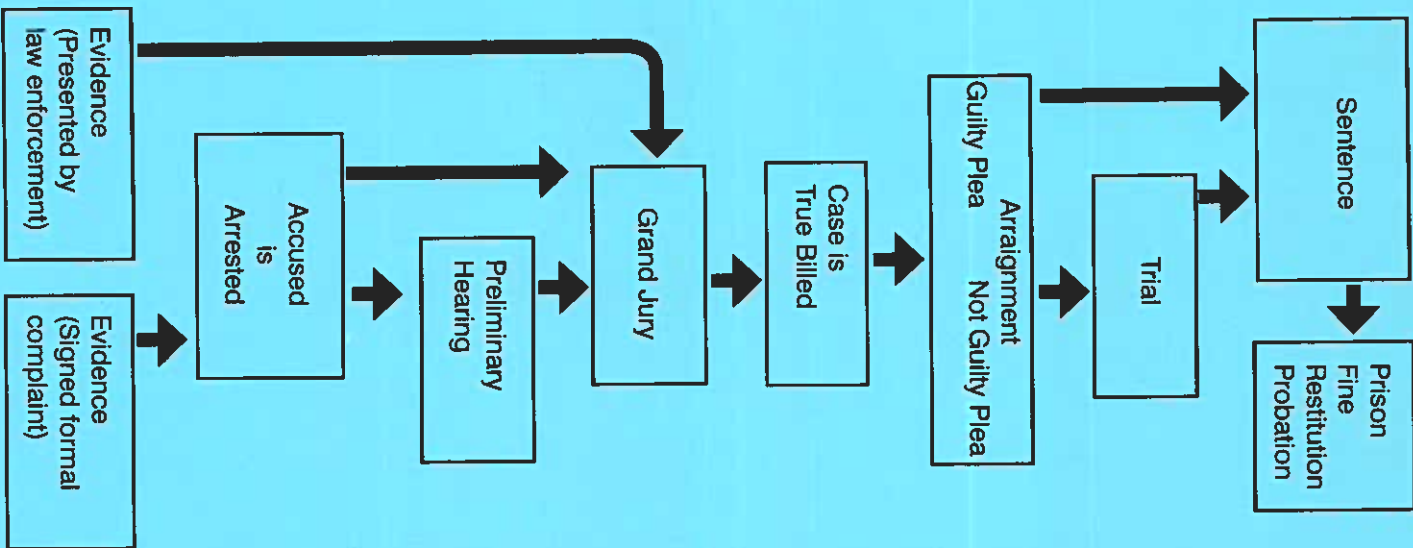
D.V. Victim Support Group	256-337-3670
Hope Place	1-800-691-8426
Mental Health Association	
Rape Response Advocacy Group	256-353-1160
Helpline	256-716-1000

#### OTHER SERVICES

Legal Service of North	256-536-9645
Central Alabama	
Lawyer Referral Office	1-800-392-5660
State Pardons & Parole	256-351-4830
Court Referral Office	256-355-8510
Substance Abuse Program	256-351-4744
Circuit Clerk (Protection From Abuse)	256-351-4720
Decatur Morgan Hospital	256-341-2000
	256-350-2211
Victim Services	256-337-3670

"If within 60 days you are not notified of an arrest in your case, you may call the telephone number of the law enforcement agency for the status of the case."

# Criminal Court Procedure



## You Have or May Request the Right

- To notification of all criminal proceedings and charges filed against the defendant, with the exception of initial appearance, and the right to be present at all proceedings
- To necessary information regarding the appropriate agencies from which you may request information
- To an explanation of the pre-sentence report, a right to make a written or oral statement to the probation officer, and a right to review the pre-sentence report
- To be notified of the time and place of any sentencing hearing and to make a statement or present any information at a sentencing proceeding or any other proceeding as authorized by law
- To information regarding the return of any property taken
- To be provided the date of conviction, acquittal or dismissal of charges against the defendant and the sentence imposed
- To refuse an interview or other communication by the defendant, his attorney or anyone acting on his behalf
- The status and results of any post conviction appeal
- To be provided a waiting area separate from the defendant, his relatives and defense witnesses if available and practical
- To submit a statement to be entered into the prisoners' records
- To be notified of release, on bond and from prison, escape, re-arrest or death of prisoner
- To information regarding collection of restitution
- To the release opinion by the Alabama Department of Mental Health
- To be notified of any hearings by the Board of Pardons and Parole and the right to be present and heard at such hearings

If you wish to request these rights please mail the form to the Prosecuting Attorney.

## Develop Your Own Personal Safety Plan

- Consider using shelter services. Call your local shelter and see what they can offer you.
- Set up a system with your neighbors to alert them to contact the police (such as opening and closing the blinds or turning on/off the lights).
- Teach your children 911 and their address.
- During dangerous times avoid rooms with no exits or that have potential weapons (like the bathroom or kitchen).
- Keep copies of important papers like drivers license, mortgage papers, orders of protection, check books, extra keys to cars and house, divorce papers, medical prescriptions, and birth certificates at a friends house or in a safe deposit box.
- Have a plan for how to get yourself and your children out of situations in a hurry. Keep extra keys, money and other necessities in a hidden place where you can get them if you need to.
- Develop a code word with friends so they will know when you are in trouble.

### If separated from your partner:

- Consider obtaining a protection order. Call your local law enforcement or shelter program for more information.
- Make sure locks on doors and windows are in working order. Change locks if you live in the home that was shared with your partner.

## Victim Information Card

Name: \_\_\_\_\_ Case No.: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_

I have been advised of my rights as a victim of a criminal offense:

Signature \_\_\_\_\_ Date \_\_\_\_\_

All information on this form shall be kept confidential  
FILE COPY

## Victims' Rights Invocation Form

Name: \_\_\_\_\_ Case No.: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Prosecuting Attorney Handling Case: \_\_\_\_\_

City/County: \_\_\_\_\_

All information on this form shall be kept confidential  
TO BE MAILED TO PROSECUTING ATTORNEY