

Acknowledgement Form

I acknowledge I am a victim of a crime and I am requesting assistance for services from the Victim of Crime Program through the Saginaw Chippewa Indian Tribe. I understand the SCIT Victim of Crime Program's intention is to assist me with the legal process as a result of the criminal act against me. The information that I provide the program is true to the best of my knowledge. I also acknowledge that federal funds may be used to assist me and penalties could occur in the event of misrepresentation on my part.

Signature: _____ Date: _____

Limited Proficiency Contact Number 1-800-522-SAFE (7233)

Please check the boxes for the rights you wish to exercise:

- Notification of Court Proceedings – I wish to be informed of scheduled court dates.
- Notification of Defendant's Custody Status – I wish to be informed if the defendant is released, transferred, or escapes from custody.
- Right to Attend Court Proceedings – I wish to attend hearings related to this case.
- Right to Make a Statement – I wish to provide a written or oral statement at sentencing
- Restitution Request – I am requesting restitution for financial losses related to this crime. (You may be asked to provide documentation.)
- Referral to Victim Support Services – I would like information about counseling, advocacy, and other available resources.

Preferred Method of Contact:

Phone Email Mail

Phone: _____

Email: _____